

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006301

1. Entity Name
**INTERNATIONAL SOCIETY OF PELVIC NEURO
MODULATION, INC.**



Principal Place of Business

**1111 N PLAZA DR
550
SCHAUMBURG, IL 60173**

Mailing Address

**1111 N PLAZA DR
550
SCHAUMBURG, IL 60173**



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2019600

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTLING, DALE G SR
331 E UNION ST
JACKSONVILLE, FL 32202**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIEGEL, STEVEN MD
STREET ADDRESS 360 SHERMAN STREET STE 400
CITY-ST-ZIP SAINT PAUL, MN 55102

TITLE VD
NAME HASSOUNA, MAGDY
STREET ADDRESS 399 BATHURST ST. 8TH ST
CITY-ST-ZIP TORONTO, ON, C m5t 258

TITLE SD
NAME PETTIT, PAUL
STREET ADDRESS 4500 SAN PABLO RD
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE TD
NAME SPINELLI, MICHEL MD
STREET ADDRESS VIA VITTADINI 21
CITY-ST-ZIP MILANO, I 20136

TITLE ED
NAME WEISER, WENDY J
STREET ADDRESS 1111 N PLAZA DR, STE 550
CITY-ST-ZIP SCHAUMBURG, IL 60173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000642290
03/01/07-80037-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #