

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 91423 001 ****61.25

DOCUMENT # N01000006301

1. Entity Name

**INTERNATIONAL SOCIETY OF PELVIC NEURO MODULATION
, INC.**



Principal Place of Business

**C/O MATRIX MEETINGS INC
PO BOX 1026
ROCHESTER MN 55903-1026**

Mailing Address

**C/O MATRIX MEETINGS INC
PO BOX 1026
ROCHESTER MN 55903-1026**

55042470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-2019600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **KERREBROECK, PHILIP V**
STREET ADDRESS **UNIVERSITY HOSPITAL PO BOX 5800**
CITY-ST-ZIP **MAASTRICHT, NETHLDS A70-6202**

TITLE **VD** ☐ Delete
NAME **SIEGEL, STEVEN**
STREET ADDRESS **280 N SMITH AVE STE 658**
CITY-ST-ZIP **SAINT-PAUL MN 55102**

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

TITLE **TD** ☐ Delete
NAME **HASSOUNA, MAGDY**
STREET ADDRESS **399 BATHURST ST 8TH FLR**
CITY-ST-ZIP **TORONTO, ON CANADA M5T-2S8**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Steven Siegel, MD**
STREET ADDRESS **360 Sherman Street, Suite 400**
CITY-ST-ZIP **St. Paul, MN 55102**

TITLE **VD** ☒ Change ☐ Addition
NAME **Magdy Hassouna, MD, PhD**
STREET ADDRESS **399 Bathurst St., 8th FL**
CITY-ST-ZIP **Toronto, ON M5T 2S8 Canada**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Michele Spinelli, MD**
STREET ADDRESS **Via Vittadini, 21**
CITY-ST-ZIP **Milano 20136 Italy**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

651-999-7081
Daytime Phone #

CR2E037 (10/02)

Call to Action

55042470

~~XXXXXXXXXX~~
N01000006301

INTERNATIONAL SOCIETY OF PELVIC NEUROMODULATION

2003-2005 OFFICERS

President

Steven Siegel, M.D.
Metropolitan Urology
Fort Road Medical Bldg, Suite 400
360 Sherman Street
St. Paul, Minnesota 55102

Vice President

Magdy Hassouna, M.D., Ph.D.
399 Bathurst ST. 8th Fl
Toronto, ON M5T 2S8 CANADA
~~mhassouna@yahoo.com~~

Secretary

Paul Pettit, M.D.
Mayo Clinic Jacksonville
4500 San Pablo Road
Jacksonville, Florida 32244

Treasurer

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