

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007744

FILED
Jul 09, 2007
Secretary of State

Entity Name: THE NATIONAL PAIN INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY NW, SUITE 225
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PARKWAY NW, SUITE 225
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-5445516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZIPPER, JEFFREY A M.D.
951 BROKEN SOUND PARKWAY NW, SUITE 225
BOCA RATON, FL 33487 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCHR () Delete
Name: ZIPPER, JEFFREY A M.D.
Address: 951 BROKEN SOUND PARKWAY NW, SUITE 225
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: JUNGREIS, ALEXANDER M.D.
Address: 1360 ALABAMA DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: WILSON, MARION M.D.
Address: 128901 BRUCE B. DOWNS BLVD., MDC55
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. ZIPPER, M.D., PRES.

PRES

07/09/2007

Electronic Signature of Signing Officer or Director

Date