

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003451

FILED  
Feb 09, 2011  
Secretary of State

**Entity Name:** FLORIDA SOCIETY OF PAIN MANAGEMENT PROVIDERS INC.

**Current Principal Place of Business:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292 US

**New Mailing Address:**

**FEI Number:** 26-4606270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, PAUL  
401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

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: PRES  
Name: SLOAN, PAUL A  
Address: 401 COMMERCIAL CT / SUITE C  
City-St-Zip: VENICE, FL 34292 US

Title: VP  
Name: LONG, CONNIE  
Address: 401 COMMERCIAL CT / SUITE C  
City-St-Zip: VENICE, FL 34292 US

Title: DIR  
Name: CARPENTER, DAVID  
Address: 401 COMMERCIAL CT / SUITE C  
City-St-Zip: VENICE, FL 34292

I hereby 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 all other like empowered.

SIGNATURE: PAUL SLOAN

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date