

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006530

FILED
Apr 30, 2012
Secretary of State

Entity Name: THE NEW YORK STATE PAIN SOCIETY INC.

Current Principal Place of Business:

12126 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

12126 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706 UN

New Mailing Address:

FEI Number: 45-2802963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOYLE, ROBIN L ESQ.
12126 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706 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: P
Name: WEINGARTEN, ALEXANDER MD
Address: 2001 MARCUS AVENUE SUITE 20
City-St-Zip: HYDE PARK, NY 11042

Title: VP
Name: GASELBERTI, RICHARD MD
Address: 11120 QUEENS BOULEVARD SUITE 1
City-St-Zip: FOREST HILLS, NY 11375

Title: D
Name: FYMAN, PHILIP MD
Address: 125 SOUTH SERVICE ROAD
City-St-Zip: JERICO, NY 11753

Title: D
Name: DUARTE, ROBERT MD
Address: 1554 NORTHERN BOULEVARD
City-St-Zip: MANHASSETT, NY 11030

Title: D
Name: ARGOFF, CHARLES MD
Address: 47 NEW SCOTLAND AVENUE SUITE MC70
City-St-Zip: ALBANY, NY 12208

Title: ED
Name: HOYLE, ROBIN L ESQ.
Address: 12126 CAPRI CIRCLE S
City-St-Zip: TREASURE ISLAND, FL 33706

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: ROBIN L. HOYLE JD

ED

04/30/2012

Electronic Signature of Signing Officer or Director

Date