## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000113121

FILED Jan 29, 2007 Secretary of State

Entity Name: INTERVENTIONAL PAIN MANAGEMENT OF THE TREASURE COAST, P.A.

**Current Principal Place of Business: New Principal Place of Business:** MARK D. ZIMMERAN, D.O. 3745 11TH CIRCLE 1355 37TH ST., SUITE 303 VERO BEACH, FL 32960 SUITE 107 VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** MARK D. ZIMMERAN, D.O. 3745 11TH CIRCLE 1355 37TH ST., SUITÉ 303 SUITE 107 VERO BEACH, FL 32960 VERO BEACH, FL 32960 FEI Number: 65-1257214 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEC CONSULTANTS, INC 1515 INDIAN RIVER BLVD STE A 210 VERO BEACH, FL 329607103 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition ( ) Delete Title: ZIMMERMAN, MARK D D.O. Name: Name: 556 FLAMEVINE LN Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D. ZIMMERMAN, D.O. D 01/29/2007