

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113121

FILED
Mar 01, 2009
Secretary of State

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

Current Principal Place of Business:

3745 11TH CIRCLE
SUITE 107
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3745 11TH CIRCLE
SUITE 107
VERO BEACH, FL 32960

New Mailing Address:

3745 11TH CIRCLE
SUITE 107
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:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD STE A 210
VERO BEACH, FL 329607103 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZIMMERMAN, MARK D D.O.
Address: 556 FLAMEVINE LN
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ZIMMERMAN, MARK D D.O.
Address: 3554 OCEAN DR 1202 N
City-St-Zip: VERO BEACH, FL 32963

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 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.

DR

03/01/2009

Electronic Signature of Signing Officer or Director

_____ Date