

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046599

FILED
Jul 24, 2009
Secretary of State

Entity Name: THE INTERVENTIONAL PAIN AND SPINE INSTITUTE, INC

Current Principal Place of Business:

2480 EAST COMMERCIAL BLVD.
SUITE 1
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

4010 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33308

Current Mailing Address:

2480 EAST COMMERCIAL BLVD.
SUITE 1
FORT LAUDERDALE, FL 33308

New Mailing Address:

4010 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33308

FEI Number: 26-2581534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSCHUETZ, DANNELL
3403 LEIGH ROAD
POMPANO BEACH, FL 33062 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: P () Delete
Name: ANSCHUETZ, D.O., DANNELL
Address: 2480 EAST COMMERCIAL BLVD. SUITE 1
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANSCHUETZ, D.O., DANNELL
Address: 4010 NORTH OCEAN BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DANNELL ANSCHUETZ

PRES

07/24/2009

Electronic Signature of Signing Officer or Director

Date