

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053927

FILED
Apr 01, 2008
Secretary of State

Entity Name: SOUTHEASTERN INTERVENTIONAL PAIN PHYSICIANS & ANESTHESIA, P.A.

Current Principal Place of Business:

151 MARY ESTHER BLVD.
SUITE 303
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

BOX 699
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-3519793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAVISKI, GREGORY P
1418 BAYSHORE TERR.
GULF BREEZE, FL 32563 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: STAVISKI, GREGORY P
Address: 1418 BAYSHORE TERR.
City-St-Zip: GULF BREEZE, FL 32563

Title: VT () Delete
Name: STAVISKI, ATHENA
Address: 1418 BAYSHORE TERR.
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: NGUYEN, LAMVAN
Address: 4739 HICKORY SHORES BLVD.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ATHENA STAVISKI

VT

04/01/2008

Electronic Signature of Signing Officer or Director

Date