

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54934

**Entity Name:** INTERVENTIONAL PAIN INSTITUTE OF WEST FLORIDA, INC

**Current Principal Place of Business:**

7412 COMMUNITY CT  
HUDSON, FL 34668

**Current Mailing Address:**

7412 COMMUNITY CT  
HUDSON, FL 34667

**FEI Number:** 59-2927033

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HASHIM, MARK N  
7412 COMMUNITY CT  
HUDSON, FL 34668 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:** MARK N HASHIM

02/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HASHIM, MARK N  
Address 7412 COMMUNITY CT  
City-State-Zip: HUDSON FL 34667

Title MANAGER  
Name HASHIM, ANGELA RACHEL  
Address 7412 COMMUNITY CT  
City-State-Zip: HUDSON FL 34668

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK N HASHIM

**PRESIDENT**

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date