2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2014
Secretary of State
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Entity Name: INSTITUTE OF INTERVENTIONAL PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

11319 CORTEZ BLVD.
BROOKSVILLE, FL 34613

Current Mailing Address:

11319 CORTEZ BLVD.
BROOKSVILLE, FL 34613

FEI Number: 59-2950096

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRACY, DEBORAH HMD
11319 CORTEZ BLVD
BROOKSVILLE, FL 34613 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

Officer/Director Detail :

Title	DO
Name	TRACY, DEBORAH HMD
Address	11319 CORTEZ BLVD
City-State-Zip:	BROOKSVILLE FL 34613

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: DEBORAH TRACY DO 01/20/2014

Electronic Signature of Signing Officer/Director Detail — Date