

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K95697

**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:**

FARHAN SIDDIQI, MD PA  
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:** JOHANNES WIJNMAALEN

03/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name WIJNMAALEN, JOHANNES DR.  
Address 11319 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613

Title MD  
Name SIDDIQI, FARHAN DR.  
Address 13119 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:** WIJNMAALEN, JOHANNES

MGR

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date