

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000046676

**Entity Name:** INTEGRATED PAIN SERVICES, INC

**Current Principal Place of Business:**

4063 SALISBURY ROAD  
SUITE 100  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 16421  
GREENVILLE, FL 29606 US

**FEI Number:** 82-5440766

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC  
17888 67TH CT N  
LOXAHATCHEE, FL 33470 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:** DONNA JOHNSON

04/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BARTON, WILLIAM P  
Address 4063 SALISBURY ROAD  
SUITE 100  
City-State-Zip: JACKSONVILLE FL 32216

Title OFFICER  
Name ADVANCED PAIN MANAGEMENT  
GROUP, INC,  
Address PO BOX 16421  
City-State-Zip: GREENVILLE SC 29606

*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:** DONNA JOHNSON

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04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date