

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001601

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** THE FACIAL PAIN ASSOCIATION, INC.

**Current Principal Place of Business:**

408 W. UNIVERSITY AVE.  
SUITE 602  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

408 W. UNIVERSITY AVE.  
SUITE 602  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

FEI Number: 22-3071645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KOFF, JOHN DIR  
408 W. UNIVERSITY AVE.  
SUITE 602  
GAINESVILLE, FL 32601 US

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

KOFF, JOHN CEO  
408 W. UNIVERSITY AVE.  
SUITE 602  
GAINESVILLE, FL 32601 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: JOHN KOFF

04/10/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: LEVY, ROGER L ESQ.  
Address: 8719 E. SAN VINCENTE DR.  
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: S  
Name: ALDRIDGE, CLAUDE  
Address: 2709 WEST 121ST TERRACE  
City-St-Zip: LEAWOOD, KS 66209 US

Title: T  
Name: MARSCHNER, RICHARD G  
Address: 2560 N. MORELAND BLVD. #205  
City-St-Zip: SHAKER HEIGHTS, OH 44120 US

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

SIGNATURE: JOHN KOFF

CEO

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date