

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001601

Entity Name: THE FACIAL PAIN ASSOCIATION, INC.

Current Principal Place of Business:

408 W. UNIVERSITY AVE.
SUITE 402
GAINESVILLE, FL 32601

Current Mailing Address:

408 W. UNIVERSITY AVE.
SUITE 402
GAINESVILLE, FL 32601 US

FEI Number: 22-3071645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOFF, JOHN CEO
408 W. UNIVERSITY AVE.
SUITE 402
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name BODINGTON, JEFFREY
Address 255 FREDERICK STREET
City-State-Zip: SAN FRANCISCO CA 94117

Title SECRETARY
Name ALDRIDGE, CLAUDE
Address 2709 WEST 121ST TERRACE
City-State-Zip: LEAWOOD KS 66209

Title TREASURER
Name MCHAFFIE, EMMIT R
Address 2220 WILDERNESS MEADOW RD.
City-State-Zip: SANTA FE NM 87505

Title CEO
Name KOFF, JOHN
Address 408 W. UNIVERSITY AVE.
SUITE 402
City-State-Zip: GAINESVILLE FL 32601

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

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date