

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001601

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC9985529679**

**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**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date