

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001601

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

**Current Principal Place of Business:**

4600 SW 34TH STREET  
GAINESVILLE, FL 32614

**Current Mailing Address:**

4600 SW 34TH STREET  
#141592  
GAINESVILLE, FL 32614 US

**FEI Number:** 22-3071645

**Certificate of Status Desired:** Yes

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

OSCARSON, NANCY L  
13820 HWY 441  
MICANOPY, FL 32667 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:** NANCY OSCARSON

04/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name MEYERS, DAVID  
Address 18802 HALYARD POINT LANE  
City-State-Zip: CORNELIUS NC 28031

Title SECRETARY  
Name CIEMNECKI, ANNE  
Address 11 OVERTON RD.  
City-State-Zip: EAST WINDSOR NJ 08520

Title CEO  
Name FELDMAN, ALLISON  
Address 5730 DALTON RIDGE  
City-State-Zip: SUWANEE GA 30024

Title VC  
Name JOHN , TEMPLE  
Address 173 WEED AVE.  
City-State-Zip: STAMFORD CT 06902

*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:** ALLISON FELDMAN

CEO

04/06/2020

Electronic Signature of Signing Officer/Director Detail

Date