

2021 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: No

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

04/07/2021

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: FELDMAN, ALLISON

CEO

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date