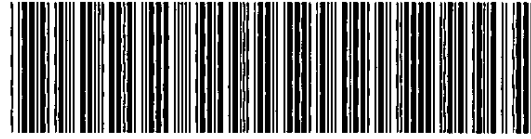


F020000001601



800137977848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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1-14-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trigeminal Neuralgia Association Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000001601

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Koff, Director of Operations  
(Name of Contact Person)

Trigeminal Neuralgia Association  
(Firm/Company)

925 NW 56th Terrace, Suite C  
(Address)

Gainesville, FL 32605-6402  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Koff at ( 352 ) 331-7009  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

*previously submitted*

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
2009 JAN 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2008

JOHN KOFF  
TNA  
925 NW 56TH TERRACE STE C  
GAINESVILLE, FL 32605

SUBJECT: TRIGEMINAL NEURALGIA ASSOCIATION, INC.  
Ref. Number: F02000001601

We have received your document for TRIGEMINAL NEURALGIA ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 608A00057909

**NOT FOR PROFIT CORPORATION  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE  
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

F02000001601  
(Document Number of Corporation (If known))

2009 JAN 13 AM 5:00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Trigeminal Neuralgia Association, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. New Jersey 3. 2/19/2002  
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

**SECTION II  
(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/5/2008

5. The Facial Pain Association, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

N/A (New duration) (Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.


N/A (New jurisdiction) (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

N/A

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

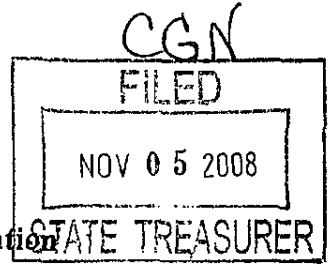
9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Roger Levy  
(Typed or printed name of the person signing)

Chairman of the Board  
(Title of person signing)

New Jersey Division of Revenue



**Certificate of Amendment to the Certificate of Incorporation**  
 (For Use by Domestic Non-profit Corporations)

0100456751

Pursuant to the provisions of Title 15A:9-4 New Jersey Non-profit Corporation Act, the undersigned corporation executes the following Certificate of Amendment to its Certificate of Incorporation:

1. Name of the Corporation: Trigeminal Neuralgia Association, Inc.
2. Corporation Number: 0100456751
3. Article 1 of the Certificate of Incorporation is hereby amended to read as follows:
  1. The name of this Corporation is The Facial Pain Association, Inc.
4. The corporation has  does not have members.

A. For Corporations WITH members:

Number entitled to vote	Voting FOR	Voting AGAINST
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If any class or classes of members are entitled to vote as a class, set forth the number of members of each class, the series of votes of each class voting for and against, and the number of members present at the meeting, OR

\_\_\_\_\_ Adoption was by unanimous written consent without meeting.

Date of Adoption:

B. For Corporations WITHOUT members:

Number of Trustees	8	Voting FOR	8	Voting AGAINST	0
--------------------	---	------------	---	----------------	---

Trustees present at meeting	OR
-----------------------------	----

\_\_\_\_\_ Adoption was by unanimous written consent without meeting

Date of Adoption: May 17, 2008

5. Other Provisions: None

Signature:   
(Must be Ch. Of Bd. Pres. Or Vice Pres)

Date: 9-23-08

Name: Roger L. Levy, Chairman  
(Type Name and Title)

\*\*\*\*\*

This document MUST be filed in triplicate.