

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000065169

Entity Name: JAFFE ADDICTION RECOVERY AND PAIN MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2104 W AUSTIN ST
BROKEN ARROW, OK 74011

Current Mailing Address:

2104 W AUSTIN ST
BROKEN ARROW, OK 74011 US

FEI Number: 81-2061728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLAVIN, NOONEY & PERSON, INC
2200 S BABCOCK ST
MELBOURNE, FL 32901 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 P
Name TODD, JAFFE B DR.
Address 2104 W AUSTIN ST
City-State-Zip: BROKEN ARROW OK 74011

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD B JAFFE

PRESIDENT

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date