

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000065169

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

FILED
Feb 15, 2018
Secretary of State
CC7395708291

Current Principal Place of Business:

8095 SPYGLASS HILL ROAD
101
MELBOURNE, FL 32940

Current Mailing Address:

8095 SPYGLASS HILL ROAD
101
MELBOURNE, FL 32940 US

FEI Number: 81-2061728

Certificate of Status Desired: Yes

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
Address 8095 SPYGLASS HILL ROAD, SUITE
101
City-State-Zip: MELBOURNE FL 32940

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

OFFICE MANAGER

02/15/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date