

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000001601

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** TRIGEMINAL NEURALGIA ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 SW ARCHER RD., STE. C  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

2801 SW ARCHER RD., STE. C  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 22-3071645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PASTERNAK, MICHAEL G  
2801 SW ARCHER RD., STE. C  
GAINESVILLE, FL 32608      US

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

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:** MICHAEL PASTERNAK, PH.D.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** C      ( ) Delete  
**Name:** LEVY, ROGER L  
**Address:** 8719 E. SAN VINCENTE DR.  
**City-St-Zip:** SCOTTSDALE, AZ 85258

**Title:** P      ( ) Delete  
**Name:** PASTERNAK, MICHAEL G  
**Address:** 9305 SW 46TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** V      ( ) Delete  
**Name:** WHITE, KENNETH  
**Address:** 49 HEDGEBROOK LANE  
**City-St-Zip:** STAMFORD, CT 06903

**Title:** S      ( ) Delete  
**Name:** CRONIN, BRIAN  
**Address:** 2039 CARMEL DR.  
**City-St-Zip:** JAMISON, PA 18929

**Title:** T      ( ) Delete  
**Name:** WHITE, KENNETH  
**Address:** 29 KNAPP STREET  
**City-St-Zip:** STAMFORD, CT 06907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** V      (X) Change ( ) Addition  
**Name:** WHITE, KENNETH  
**Address:** 29 KNAPP STREET  
**City-St-Zip:** STAMFORD, CT 06907

**Title:** S      (X) Change ( ) Addition  
**Name:** CILKER SMITH, ELIZABETH  
**Address:** 1631 WILLOW STREET  
**City-St-Zip:** SAN JOSE, CA 95125

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** MICHAEL G. PASTERNAK, PH.D.

P

10/07/2005

Electronic Signature of Signing Officer or Director

Date