

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2010
Secretary of State

Entity Name: THE FACIAL PAIN ASSOCIATION, INC.

Current Principal Place of Business:

925 NW 56TH TERRACE
SUITE C
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

925 NW 56TH TERRACE
SUITE C
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 22-3071645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOFF, JOHN DIR
925 NW 56TH TERRACE
SUITE C
GAINESVILLE, FL 32605 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: LEVY, ROGER L ESQ.
Address: 8719 E. SAN VINCENTE DR.
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: S
Name: ALDRIDGE, CLAUDE
Address: 2709 WEST 121ST TERRACE
City-St-Zip: LEAWOOD, KS 66209 US

Title: T
Name: MARSCHNER, RICHARD G
Address: 2560 N. MORELAND BLVD. #205
City-St-Zip: SHAKER HEIGHTS, OH 44120 US

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: JOHN KOFF

VP

04/05/2010

Electronic Signature of Signing Officer or Director

Date