

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V59378

**Entity Name:** THE TMJ AND FACIAL PAIN CENTER, P.A.

**Current Principal Place of Business:**

PO BOX 41350  
ST. PETERSBURG, FL 33743-1350

**Current Mailing Address:**

PO BOX 41350  
ST. PETERSBURG, FL 33743-1350 US

**FEI Number:** 59-3142751

**Certificate of Status Desired:** No

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

COHEN, MELVIN H  
PO BOX 41350  
ST. PETERSBURG, FL 33743-1350 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 VP  
Name FINOCCHI, RICHARD J. DDS  
Address 8301 SIQUITA DRIVE NE  
City-State-Zip: ST. PETERSBURG FL 33702

Title PRES  
Name COHEN, MELVIN H. D.D.S.  
Address 14217 CAROL MANOR DRIVE  
City-State-Zip: LARGO FL 33774

*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:** AMY FINOCCHI

**ADMINISTRATOR**

**03/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date