

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006538

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.

**Current Principal Place of Business:**

513 US HIGHWAY ONE  
STE. 223  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

1016 NORTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 13155  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 65-1080905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNKEL, GARY M ESQ.  
GREENBERG TRAUIG, P.A.  
777 S. FLAGLER DR, SUITE 300-EAST  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: EHRICH, SARA PHD  
Address: 2700 PGA BLVD. STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P/D ( ) Delete  
Name: KANDEL, JOHANNA S MISS  
Address: 5600 NORTH FLAGLER DRIVE #1108  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: S/D ( ) Delete  
Name: FISHBEIN, CAROL MS  
Address: 116 C PALM POINT CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: V/D ( ) Delete  
Name: HENDELMAN, JOANN V MS  
Address: 5683 HIGH FLYER ROAD SOUTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: T/D (X) Delete  
Name: SHAFE, MARIE C MS  
Address: 925 TORREY PINE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHANNA S KANDEL

P/D

04/30/2008

Electronic Signature of Signing Officer or Director

Date