

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006538

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1016 NORTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

1649 FORUM PLACE  
STE. 10  
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: S/D  
Name: HARARY, SARA  
Address: 7850 SOUTH FLAGLER  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P/D  
Name: KANDEL, JOHANNA S MS  
Address: 1823 EMBASSY DRIVE #103  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D  
Name: BANCSI, KIMBERLY  
Address: 192 CHARTER WAY  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: V/D  
Name: HENDELMAN, JOANN V MS  
Address: 5683 HIGH FLYER ROAD SOUTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418 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: JOHANNA S. KANDEL

P/D

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date