

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741482

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: BIOFEEDBACK SOCIETY OF FLORIDA, INC.

## Current Principal Place of Business:

2828 S SEACREST BLVD  
SUITE 212  
BOYNTON BEACH, FL 33435 US

## Current Mailing Address:

2828 S SEACREST BLVD  
SUITE 212  
BOYNTON BEACH, FL 33435 US

## New Principal Place of Business:

1230 S. FEDERAL HWY  
SUITE 101  
BOYNTON BEACH, FL 33435 US

## New Mailing Address:

1230 S. FEDERAL HWY  
SUITE 101  
BOYNTON BEACH, FL 33435 US

FEI Number: 59-2185211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EWING, AUBREY K PHD  
2828 S SEACREST BLVD  
SUITE 212  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

EWING, AUBREY K PHD  
955 ISLES ROAD  
BOYNTON BEACH, FL 33435 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:

03/08/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KITSBERG, MARIE EDS  
Address: P O BOX 100987  
City-St-Zip: CAPE CORAL E, FL 33910

Title: PE ( ) Delete  
Name: MONTGOMERY, DOIL PHD  
Address: 5680 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: TM ( ) Delete  
Name: EWING, AUBREY K PHD  
Address: 2828 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Delete  
Name: PETERSON, KENT MS  
Address: 1330 S W 27TH AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete  
Name: ANDRASIK, FRANK PHD  
Address: 40 S ALCANIZ ST  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: MARCUS, STEVE PH.D.  
Address: 2819 W HORATIO ST  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition  
Name: KITSBERG, MARIE EDS  
Address: P O BOX 100987  
City-St-Zip: CAPE CORAL E, FL 33910

Title: P (X) Change ( ) Addition  
Name: MONTGOMERY, DOIL PHD  
Address: 5680 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33484

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 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: AUBREY K. EWING PH.D.

TM

03/08/2005

Electronic Signature of Signing Officer or Director

Date