

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741482

FILED
Apr 29, 2008
Secretary of State

Entity Name: BIOFEEDBACK SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
1230 S. FEDERAL HWY
SUITE 101
BOYNTON BEACH, FL 33435 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: PP () Delete
Name: MONTGOMERY, DOIL D PHD
Address: 322 NW SHEFFIELD CIRCL
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: P () Delete
Name: ROSENTHAL, RON PHD
Address: 10691 N. KENDALL DRIVE, SUITE 314
City-St-Zip: MIAMI, FL 33176

Title: TM () Delete
Name: EWING, AUBREY K PHD
Address: 1230 S. FEDERAL HWY, SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: CARLIN, BARBARA MS
Address: 4066 EVANS AVE., STE. 24
City-St-Zip: FT. MYERS, FL 33901

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: () 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:

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: AUBREY K. EWING, PH.D.

TM

04/29/2008

Electronic Signature of Signing Officer or Director

Date