F090000003549

(Requestor's Name)
(Address)
(Address)
(Hadioso)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies /Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500227001525

04/02/12--01020--028 **43.75

Amery Affidan 7)

PILLU

SECRETARY OF STATE

APR 1 1 2012 T. ROBERTS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2012

KELLI MALKASIAN 491 SE 7TH AVE POMPANO BEACH, FL 33060

SUBJECT: INTERNATIONAL ASSOCIATION OF EATING DISORDERS

PROFESSIONALS FOUNDATION, SOUTH FLORIDA CHAPTER, INC.

Ref. Number: F09000002549

We have received your document for INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS FOUNDATION, SOUTH FLORIDA CHAPTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form. Foreign Corporation file Affidavit to change O/D or make changes on the Annual Report.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 612A00010876

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	International Association of RATION:	Eating Disorder Professionals Foundation	n, South Florida Chapter, Inc.	
DOCUMENT NUM	BER: 0900000254	49		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:		
	Kelli Malkasiar	า		
		Name of Contact Perso	n	
		Firm/ Company		
	491 SE 7th Av	e		
	 	Address		
Pompano Beach, FL 33060				
		City/ State and Zip Cod	e	
Dri	KalliPsvD@am	ail com		
DrKelliPsyD@gmail.com E-mail address: (to be used for future annual report notification)				
	2 mail 4201000 (10 00 at	ova for facult annual (*port	no in tunion y	
For further informatio	n concerning this matter, pleas	se call:		
Kelli Malkasian		_{at (} 561	789-9746	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
Amendment Section		· ·	ment Section	
Division of Corporations			on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Interretional Associate	on & Eding Disorders Professional Fondolism, ime of Corporation South Florida Chapter, Inc.
DOCUMENT NUMBER: 0900002	2549
The enclosed Affidavit by Foreign Corporation submitted for filing.	n to Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning thi	s matter to the following:
Heli Malhasin Name of Contact Person	
Firm/Company	
491 SE 7th Due	
Pamparo Beach, FC 330 City/State and Zip Code	CO
Dr Veui Ry D @ Grail. Con E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter,	please call:
Heli Malwasico at Name of Contact Person	(SCI) 789-9746 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida	a Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) L> pa claring (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E127 (10/11)

TO:



2012 APR II PM 4: 20
SELNETARY OF STATE
ELINETARY OF STATE

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1. The name of the foreign corporation as it appear	ars on the records of the Florida Department of State is:
International Association of Eating Dis	croters Arofesicnals Fundation, South Florida Choter,
2. This entity was authorized to transact business	in Florida on Sine 24, 200 and its Florida document
number is 09000002549	
3. This corporation was formed under the laws of	Illinois
4. The name and address of each officer and/or di	irector is as follows:
<u>Title:</u>	Name and Address
Pres	Henah Gupta 373
	7200 W. Comino Recu Ste **
	Bora Raton, FC 33433
10	Dialty Orleans and other
VF	Vicollo Arbelonez-Copez
	1640 Town Conter Circle *204
	Wester, FC 33326
SEC	Anna Traylor
	7200 W. Comino Real Ste x303
	Bora Ruton, FC 33433
TRE	heli Malvasia
·	GISO SW 76th Street
(Am all additional	Sath Michi, FC 33143
(Attach additional	pages if necessary)
ei Malkain	Treasurer Title of person signing
ature of an officer or director	ittle of person signing
ti Matrasico d or printed name of person signing Make che	FILING FEE \$35
Tor printed name or person signing wake cit	ecks payable to Florida Department of State and Mail to:

CR2E127 (10/11)