

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96440

FILED
Jan 09, 2006
Secretary of State

Entity Name: BIOFEEDBACK ASSOCIATES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

8130 BAYMEADOWS CIRCLE WEST
SUITE 308
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8130 BAYMEADOWS CIRCLE WEST
308
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-2642300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEGLER, STEVEN C.
27 PONTE VEDRA PARK DR
BLDG 100 STE 200
PONTE VEDRA, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRENADIER, ANN G.,
Address: 8130 BAYMEADOWS CIR 308
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete
Name: BUTTERWORTH, IVY
Address: 8130 BAYMEADOWS CIR 308
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN GRENADIER

DIRE

01/09/2006

Electronic Signature of Signing Officer or Director

Date