

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96440

FILED
Jan 11, 2012
Secretary of State

Entity Name: BIOFEEDBACK ASSOCIATES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVE.
SUITE 703
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11512 LAKE MEAD AVE.
SUITE 703
JACKSONVILLE, FL 32256

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:

GRENADIER, ANN G DR.
11512 LAKE MEAD AVE.
703
JACKSONVILLE, FL FL 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: DR
Name: GRENADIER, ANN G.
Address: 11512 LAKE MEAD AVE, #703
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP
Name: BUTTERWORTH, IVY
Address: 11512 LAKE MEAD AVE, #703
City-St-Zip: JACKSONVILLE, FL 32256

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

SIGNATURE: ANN GRENADIER

MRS.

01/11/2012

Electronic Signature of Signing Officer or Director

Date