# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2010**
**Secretary of State**

DOCUMENT# L09000029996

**Entity Name:** COUNSELING AND BIOFEEDBACK SERVICES, LLC

**Current Principal Place of Business:**

12051 CORPORATE BOULEVARD
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

12051 CORPORATE BOULEVARD
ORLANDO, FL 32817

**New Mailing Address:**

P.O. BOX 195584
WINTER SPRINGS, FL 32719

**FEI Number: 38-3798986** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, VALESKA
12051 CORPORATE BOULEVARD
ORLANDO, FL 32817 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: WILSON, VALESKA
Address: 12051 CORPORATE BOULEVARD
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: VALESKA WILSON MS 04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date