

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 20, 2011
Secretary of State**

DOCUMENT# N06000003373

Entity Name: EATING DISORDER NETWORK OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789**New Principal Place of Business:**BLUE HORIZON EATING DISORDER SERVICES
1155 LOUISIANA AVE. STE 210
WINTER PK, FL 32789**Current Mailing Address:**WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789**New Mailing Address:**BLUE HORIZON EATING DISORDER SERVICES
1155 LOUISIANA AVE. STE 210
WINTER PK, FL 32789**FEI Number:** 20-4134315**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEBEL, SANDEE
WHITE PICKET FENCE COUNSELING CENTER
1345 CLAY ST
WINTER PK, FL 32789 US**Name and Address of New Registered Agent:**BOMAR STAMM, HEATHER
7338 COLBURY AVENUE
WINDERMERE, FL 34786 US

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: HEATHER BOMAR STAMM

05/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CONTNER, ELISHA M
Address: 1155 LOUISIANA AVE. STE 210
City-St-Zip: WINTER PK, FL 32789

Title: T
Name: BOMAR STAMM, HEATHER R
Address: 7338 COLBURY AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: S
Name: VOLLANT, CHRISTINA
Address: 2021 N. LEMANS BLVD.
City-St-Zip: TAMPA, FL 33607

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

SIGNATURE: HEATHER BOMAR STAMM

T

05/20/2011

Electronic Signature of Signing Officer or Director

Date