

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000106696

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: PROFESSIONAL BOUNDARIES, INC.

Current Principal Place of Business:

4501 OLDE PLANTATION PLACE
DESTIN, FL 32541

New Principal Place of Business:

345 SKYLAR RUN
DESTIN, FL 32541

Current Mailing Address:

4501 OLDE PLANTATION PLACE
DESTIN, FL 32541

New Mailing Address:

345 SKYLAR RUN
DESTIN, FL 32541

FEI Number: 02-0589175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHENTHAL, STEPHEN J M.D.
4501 OLDE PLANTATION PLACE
DESTIN, FL 32541

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SCHENTHAL, STEPHEN J MD
Address: 345 SKYLAR RUN
City-St-Zip: DESTIN, FL 32541

Title: SEC () Change (X) Addition
Name: SCHENTHAL, STEPHEN J MD
Address: 345 SKYLAR RUN
City-St-Zip: DESTIN, FL 32541

Title: TRES () Change (X) Addition
Name: SCHENTHAL, BRENDA T
Address: 345 SKYLAR RUN
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN J. SCHENTHAL, M.D.

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

Date