2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P01000106696

Entity Name: PROFESSIONAL BOUNDARIES, INC.

Current Principal Place of Business:

17 SHELL AVE SE
A4
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

287 SANDESTIN BLVD W
MIRAMAR BEACH, FL 325504587

Current Mailing Address:

17 SHELL AVE SE
A4
FORT WALTON BEACH, FL 32548

New Mailing Address:

287 SANDESTIN BLVD W
MIRAMAR BEACH, FL 325504587

FEI Number: 02-0589175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHENTHAL, STEPHEN J M.D.
17 SHELL AVE SE
A4
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

SCHENTHAL, STEPHEN J M.D.
287 SANDESTIN BLVD W
MIRAMAR BEACH, FL 325504587 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: STEPHEN J. SCHENTHAL, MD 03/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SCHENTHAL, STEPHEN J MD
Address: 17 SHELL AVE SE, A4
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SEC ( ) Delete
Name: SCHENTHAL, STEPHEN J MD
Address: 17 SHELL AVE, A4
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TRES ( ) Delete
Name: SCHENTHAL, STEPHEN J MD
Address: 17 SHELL AVE, A4
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: SCHENTHAL, STEPHEN J MD
Address: 287 SANDESTIN BLVD W
City-St-Zip: MIRAMAR BEACH, FL 325504587

Title: SEC (X) Change ( ) Addition
Name: SCHENTHAL, STEPHEN J MD
Address: SANDESTIN BLVD W
City-St-Zip: MIRAMAR BEACH, FL 325504587

Title: TRES (X) Change ( ) Addition
Name: SCHENTHAL, STEPHEN J MD
Address: 287 SANDESTIN BLVD W
City-St-Zip: MIRAMAR BEACH, FL 325504587

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN J. SCHENTHAL, MD P 03/05/2009
Electronic Signature of Signing Officer or Director Date