

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000106696

FILED
Nov 18, 2009
Secretary of State**Entity Name:** PROFESSIONAL BOUNDARIES, INC.**Current Principal Place of Business:**3750 SAN JOSE PLACE SUITE 35
JACKSONVILLE, FL 322574587**New Principal Place of Business:****Current Mailing Address:**3750 SAN JOSE PLACE SUITE 35
JACKSONVILLE, FL 322574587**New Mailing Address:****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.
287 SANDESTIN BLVD W
MIRAMAR BEACH, FL 325504587 US**Name and Address of New Registered Agent:**SCHENTHAL, STEPHEN J M.D.
7946 LOS ROBLES CT
JACKSONVILLE, FL 32256 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: _____

Electronic Signature of Registered Agent

11/18/2009

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: SCHENTHAL, STEPHEN J MD
Address: 7946 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Change () Addition
Name: SCHENTHAL, KEVIN
Address: 7946 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: SCHENTHAL, KYLE
Address: 7946 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: SZUCH, ROGER
Address: 3750 SAN JOSE PLACE STE. 35
City-St-Zip: JACKSONVILLE, FL 32257

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

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date