

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106696

FILED
Apr 20, 2011
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:

3750 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 322578861 US

Current Mailing Address:

3750 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 322574587

New Mailing Address:

3750 SAN JOSE PLACE
SUITE 35
JACKSONVILLE, FL 322578861 US

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.
7946 LOS ROBLES CT
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: PT
Name: SCHENTHAL, STEPHEN J MD
Address: 7946 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V
Name: SCHENTHAL, KEVIN J
Address: 2401 HALSEY CIRCLE
City-St-Zip: DAVIS, CA 956186124 US

Title: S
Name: SCHENTHAL, KYLE
Address: 7946 LOS ROBLES CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS
Name: ROGER, SZUCH B LCSW
Address: 3750 SAN JOSE PLACE, SUITE 35
City-St-Zip: JACKSONVILLE, FL 322578861 US

Title: MGRM
Name: GREGORY, SKIPPER E MD
Address: 6620 HALCYON DR
City-St-Zip: MONTGOMERY, AL 36117 US

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

SIGNATURE: STEPHEN J. SCHENTHAL, MD

PT

04/20/2011

Electronic Signature of Signing Officer or Director

Date