2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106696

Entity Name: PROFESSIONAL BOUNDARIES, INC.

FILED Apr 27, 2012 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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3750 SAN JOSE PLACE

SUITE 35

JACKSONVILLE, FL 322578861 US

Current Mailing Address: 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: 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 Date

OFFICERS AND DIRECTORS:

Title: PT

 Name:
 SCHENTHAL, STEPHEN J MD

 Address:
 7946 LOS ROBLES CT

 City-St-Zip:
 JACKSONVILLE, FL 32256 US

Title: \

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: AV

 Name:
 GREGORY, SKIPPER E MD

 Address:
 1408 N. TOPANGA CANYON BLVD

 City-St-Zip:
 TOPANGA, CA 902904274 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 PT 04/27/2012