

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119939

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** BIOFEEDBACK CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

1415 PANTHER LANE  
SUITE 352  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1415 PANTHER LANE  
SUITE 352  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 01-0563886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUMENTHAL, JOANN  
1415 PANTHER LANE  
SUITE 352  
NAPLES, FL 34109 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: PCEO  
Name: BLUMENTHAL, JOANN  
Address: 1415 PANTHER LANE, SUITE 352  
City-St-Zip: NAPLES, FL 34109

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: JOANN BLUMENTHAL

CEO

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date