

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078209

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** SOUTHSIDE COUNSELING BIOFEEDBACK & STRESS MANAGEMENT CENTER INC.

**Current Principal Place of Business:**

BOWDEN POINT  
5730 BOWDEN ROAD, #105  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4943 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

BOWDEN POINT  
5730 BOWDEN ROAD, #105  
JACKSONVILLE, FL 32216

**New Mailing Address:**

712 MUSKOGEE LANE  
JACKSONVILLE, FL 32259

FEI Number: 90-0042238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STANFORD, THERESA G  
712 MUSKOGEE LANE  
JACKSONVILLE, FL 32259 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: STANFORD, THERESA G  
Address: 712 MUSKOGEE LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VSD ( ) Delete  
Name: STANFORD, ROBERT J  
Address: 712 MUSKOGEE LANE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THERESA G. STANFORD

PTD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date