

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102767

FILED
Jul 26, 2006
Secretary of State

Entity Name: OWENS CENTER FOR BIOFEEDBACK & PSYCHOLOGICAL SERVICES, PA

Current Principal Place of Business:

1350 BEDFORD DRIVE
SUITE 102
MELBOURNE, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

1350 BEDFORD DRIVE
SUITE 102
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 20-1347736 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OWENS, HENRY DR
1350 BEDFORD DRIVE
SUITE 102
MELBOURNE, FL 32940 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: OWENS, HENRY DR
Address: 100 MARTESIA WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY OWENS

DR

07/26/2006

Electronic Signature of Signing Officer or Director

_____ Date