

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102767

FILED
Apr 20, 2011
Secretary of State

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

Current Principal Place of Business:

1370 BEDFORD DRIVE
SUITE 102
MELBOURNE, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

1370 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
1370 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

OFFICERS AND DIRECTORS:

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

DR

04/20/2011

Electronic Signature of Signing Officer or Director

Date