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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33953

1. Corporation Name

INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS, INC.

* 339589 - 90119 - 15 *

Principal Place of Business	Mailing Address
123 N.W. 13TH ST. SUITE 206 BOCA RATON FL 33432	123 N.W. 13TH ST. SUITE 206 BOCA RATON FL 33432

2. Principal Place of Business 21 427 WHOOPING LOOP Suite, Apt. #, etc. 22 Ste 1819 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32701 Country 25 USA	2a. Mailing Address 26 427 WHOOPING LOOP Suite, Apt. #, etc. 27 Suite 1819 City & State 28 ALTAMONTE SPRINGS, FL Zip 29 32701 Country 30 USA	3. Date Incorporated or Qualified 05/08/1991 4. FEI Number 33-0143040 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☒ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KLEIN, SHIRLEY
123 N.W. 13TH STREET
SUITE 206
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: DR. MARIE C. SHAFE Executive Director
82 Street Address (P.O. Box Number is Not Acceptable): 427 WHOOPING LOOP STE 1819
83
84 City: ALTAMONTE SPRINGS FL 65 Zip Code: 32701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: MARIE C. SHAFE March 5, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CENTAFANTI, GARY 123 N 13 STREET #206 BOCA RATON FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DT HARKEN, BONNIE 427 WHOOPING LOOP STE 1819 ALTAMONTE SPRINGS FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADDEN, PATRICIA 123 N.W. 13TH ST. BOCA RATON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D PADDEN, PATRICIA 427 WHOOPING LOOP STE 1819 ALTAMONTE SPRINGS FL 32701	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFE, MARIE 123 NW 13 STREET #206 BOCA RATON FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	EXECUTIVE DIRECTOR SHAFE, MARIE C 427 WHOOPING LOOP STE 1819 ALTAMONTE SPRINGS FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MORRIS, CHARLES 123 NW 13 STREET #206 BOCA RATON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	President MORRIS, CHARLES D 427 WHOOPING LOOP STE 1819 ALTAMONTE SPRINGS FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMMETT, BISHOP JR 123 NW 13 STREET #206 BOCA RATON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D BISHOP, EMMETT R. JR 427 WHOOPING LOOP STE 1819 ALTAMONTE SPRINGS FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CENTAFANTI, GARY 123 NW 13 STREET #206 BOCA RATON FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MARIE C. SHAFE 3/5/99 (407) 831-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #