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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087482 (3)
1. Corporation Name
ASSOCIATES FOR COUNSELING AND BIOFEEDBACK, INC.



Principal Place of Business Mailing Address
4221 BAYMEADOWS ROAD, STE. 5 4221 BAYMEADOWS ROAD, STE. 5
JACKSONVILLE FL 32217 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 4221 Baymeadows Rd. | | 26 SAME | | 01/01/1995 | |
| 22 Suite, Apt. #, etc. 5 | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 JACKSONVILLE FL | | 28 City & State | | 59-3281746 | |
| 24 32217 | | 29 USA | | 5. Certificate of Status Desired | |
| | | 30 | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | 8. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| EAKIN, PAUL M | | 81 Name | |
| 559 ATLANTIC BOULEVARD STE. 4 | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| ATLANTIC BEACH FL 32233 | | 83 | |
| | | 84 City | |
| | | FL 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE 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 | ST | 1.1 TITLE | |
| NAME | EDWARDS, LUANN M | 1.2 NAME | |
| STREET ADDRESS | 9252 SAN JOSE BLVD. STE. 1501 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | |
| NAME | SCHWARTZ, NANCY M | 2.2 NAME | |
| STREET ADDRESS | 12528 CHARLES COVE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Nancy M. Schwartz 2-15/98

CR2E034 (10/97)