

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000106597
1. Entity Name
THE CENTER FOR EATING DISORDERS, INC.



Principal Place of Business
**5850 W. ATLANTIC AVE., SUITE 101
DELRAY BEACH, FL 33484**

Mailing Address
**5850 W. ATLANTIC AVE., SUITE 101
DELRAY BEACH, FL 33484**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1044898

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DELALLA, ELLEN M
1170 HILLSBORO MILE, SUITE 101
HILLSBORO BEACH, FL 33062**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**U00000037814
02/06/04-80114-001 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELALLA, ELLEN M 1170 HILLSBORO MILE, SUITE 101 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen Delalla* **Ellen Delalla** **1-3-04** **561-637-2492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #