2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2012
Secretary of State

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Entity Name: THE CENTER FOR EATING DISORDERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

5850 W. ATLANTIC AVE.
101
DELRAY BEACH, FL 33484

Current Mailing Address:

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

New Mailing Address:

5850 W. ATLANTIC AVE.
101
DELRAY BEACH, FL 33484

FEI Number: 65-1044898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELALLA, ELLEN M
1170 HILLSBORO MILE, SUITE 101
HILLSBORO BEACH, FL 33062 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: PD
Name: DELALLA, ELLEN M
Address: 1170 HILLSBORO MILE, SUITE 101
City-St-Zip: HILLSBORO BEACH, FL 33062

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: ELLEN DELALLA PRES 03/19/2012

Electronic Signature of Signing Officer or Director — Date