

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000078209

**Entity Name:** SOUTHSIDE COUNSELING BIOFEEDBACK & STRESS  
MANAGEMENT CENTER INC.

**Current Principal Place of Business:**

4943 BEACH BOULEVARD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

712 MUSKOGEE LANE  
JACKSONVILLE, FL 32259

**FEI Number:** 90-0042238

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STANFORD, THERESA G  
712 MUSKOGEE LANE  
JACKSONVILLE, FL 32259 US

*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

**Officer/Director Detail :**

Title	PTD	Title	VSD
Name	STANFORD, THERESA G	Name	STANFORD, ROBERT J
Address	712 MUSKOGEE LANE	Address	712 MUSKOGEE LANE
City-State-Zip:	JACKSONVILLE FL 32259	City-State-Zip:	JACKSONVILLE FL 32259

*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:** THERESA STANFORD

PTD

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date