

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90072 007 ***150.00

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1. Entity Name

ELDER BONDING NETWORK, P.A.



Principal Place of Business

7041 CATANIA DR.
BOYNTON BEACH FL 33437

Mailing Address

PO BOX 740446
BOYNTON BEACH FL 33474



2. Principal Place of Business

7041 CATANIA DR

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 740446

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-1022684

Applied For

Not Applicable

Zip

33437

Country

PALM BEACH

Zip

33474

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

KALINA, BERNARD F
7041 CATANIA DR.
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name KALINA, BERNARD F.

Street Address (P.O. Box Number is Not Acceptable)

7041 CATANIA DR

City

BOYNTON BEACH

FL

Zip Code

33437

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

Bernard F. Kalina

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2/7/06
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KALINA, BERNARD F M.D.
STREET ADDRESS 7041 CATANIA DR.
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE TSD ☐ Delete
NAME KALINA, CLARICE AL
STREET ADDRESS 7041 CATANIA DR.
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Clarice L. Kalina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 561-740-9860

Date

Daytime Phone #