

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 028 ***150.00

DOCUMENT # P03000074232

1. Entity Name
BRADLEY A. BODNER D.O. PA



Principal Place of Business

9633 WEST BROWARD BOULEVARD

SUITE #7

PLANTATION, FL 33324

Mailing Address

9633 WEST BROWARD BOULEVARD

SUITE #7

PLANTATION, FL 33324

**12651 W. Sunrise Blvd
Suite 301
Sunrise, FL 33323**

60037473



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0075621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BODNER, BRADLEY A DR.

9633 WEST BROWARD BOULEVARD

SUITE #7

PLANTATION, FL 33324

**Bodner, Bradley
12651 W. Sunrise
Blvd. Suite 301
Sunrise, FL
33323**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BODNER, BRADLEY A DR.**
STREET ADDRESS **12651 W. Sunrise Blvd. Suite 301**
CITY-ST-ZIP **9633 WEST BROWARD BOULEVARD SUITE #7
PLANTATION, FL 33324
Sunrise, FL 33323**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/06 954-838-0123