

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026487

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: LORI B. BOHNERT MS, LMHC, INC.

## Current Principal Place of Business:

108 WEST CITRUS ST.  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

108 WEST CITRUS ST.  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

FEI Number: 20-8546670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOHNERT, LORI B  
108 WEST CITRUS ST.  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

BOHNERT, LORI B LMHC  
108 WEST CITRUS ST.  
ALTAMONTE SPRINGS, FL 32714 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: LORI B. BOHNERT, LMHC

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BOHNERT, LORI B  
Address: 108 WEST CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SEC ( ) Delete  
Name: BOHNERT, LORI B  
Address: 108 WEST CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: TREA ( ) Delete  
Name: BOHNERT, LORI B  
Address: 108 WEST CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BOHNERT, LORI B LMHC  
Address: 108 WEST CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SEC (X) Change ( ) Addition  
Name: BOHNERT, LORI B LMHC  
Address: 108 WEST CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: TREA (X) Change ( ) Addition  
Name: BOHNERT, LORI B LMHC  
Address: 108 WEST CITRUS ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORI B. BOHNERT, LMHC

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

Date