

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000072227

**FILED**  
**Aug 19, 2010**  
**Secretary of State**

**Entity Name:** BONNIE FARR PSY D, P.A.

**Current Principal Place of Business:**

5003 SE 4TH AVE.  
OCALA, FL 34480

**New Principal Place of Business:**

1431 SW FIRST AVE  
SUITE 10  
OCALA, FL 34471

**Current Mailing Address:**

5003 SE 4TH AVE.  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 90-0515535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARR, BONNIE  
5003 SE 4TH AVE.  
OCALA, FL 34480 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: DR  
Name: FARR, BONNIE B BONNIE  
Address: 5003 SE 4TH AVE.  
City-St-Zip: Ocala, FL 34480

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: BONNIE FARR

DR.

08/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date