2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State
05-11-2007 90036 013 ***150.00

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1. Entity Name
HOLLI L. BODNER, PSY.D., P.A.

Principal Place of Business	Mailing Address
[redacted]	51 WALLACE AVENUE SARASOTA FL 34237

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7330 Kensington Court	7330 Kensington Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: University Park FL	City & State: Sarasota FL
Zip: 34201 Country: Manatee	Zip: 34201 Country: Manatee

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3421954 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
[redacted] Holli Bodner, Psyd 7330 Kensington Ct University Park, FL 34201	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODNER, HOLLI L 51 WALLACE AVENUE SARASOTA FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bodner, Holli L 7330 Kensington Court University Park, FL 34201 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: H Bodner Psy.D 4/23/07 941 3578333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #