

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90148 007 ***150.00

0138637 AT

DOCUMENT # P97000000862

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



Principal Place of Business
**3645 CORTEZ ROAD WEST
SUITE 140
BRADENTON FL 34210**

Mailing Address
**3645 CORTEZ ROAD WEST
SUITE 140
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3421954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BODNER, HOLLI L
3645 CORTEZ ROAD WEST
SUITE 140
BRADENTON FL 34210**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
3645 CORTEZ RD W STE 140
BRADENTON FL 34210** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemption stated in Section 119.07(3)(i), 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

7/29/03 941 755 441

80135679
PA70000000862

Holli L. Bodner, Psy. D.

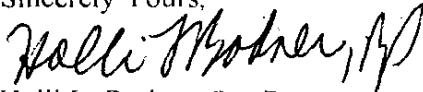
Licensed Psychologist #PY 0004288

To whom it may concern:

Please allow me to take this opportunity to let you know that I or my office manager can not honestly recall ever receiving your 2003 uniform business report.

Please forgive the lateness regarding this matter as this was recently brought to my attention.

Sincerely Yours,



Holli L. Bodner, Psy. D.

Wildewood Professional Park, 3645 Cortez Road West, Suite 140 • Bradenton, Florida 34210

(941) 755-4441 • Fax (941) 756-0486

51 Wallace Avenue • Sarasota, Florida 34237

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