

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030789

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** BRUCE G. BORKOSKY, PSY.D., P.A.

**Current Principal Place of Business:**

560 SE LAKEVIEW DRIVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

POB 3308  
SEBRING, FL 33871

**New Mailing Address:**

**FEI Number:** 65-0753193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORKOSKY, BRUCE G  
POB 3308  
BELLE GLADE, FL 33870 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR ( ) Delete  
**Name:** BORKOSKY, BRUCE G  
**Address:** POB 3308  
**City-St-Zip:** SEBRING, FL 33871

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** BRUCE BORKOSKY

DR

01/04/2005

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

\_\_\_\_\_  
Date