


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V41294</b> 1. Entity Name DAVID M. BORTNICK, PH. D., PSY. D., P.A.	
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Principal Place of Business 2801 SW COLLEGE RD 21 OCALA, FL 34474 US	Mailing Address 2801 SW COLLEGE RD 21 OCALA, FL 34474 US
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**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0342627

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

BORTNICK, DAVID M.  
3240 SW 34 ST#323  
OCALA, FL 34474

**DO NOT WRITE  
IN THIS SPACE**

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: David M. Bortnick (NOTE: Registered Agent signature required when reinstating)

DATE: 10/10/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000579587 01/10/07-80018-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORTNICK, DAVID M. 4180 SW 43RD CIR. OCALA, FL 34474
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David M. Bortnick 1-8-07 352-861-0137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #