

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073117

Entity Name: VIRGINIA M. BONEY, PH.D., LMFT, P.A.

FILED
Jan 18, 2024
Secretary of State
4379483916CC

Current Principal Place of Business:

6000A SAWGRASS VILLAGE CIRCLE
STE 4
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

6000A SAWGRASS VILLAGE CIRCLE
STE 4
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-0389766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONEY, VIRGINIA M
6000A SAWGRASS VILLAGE CIRCLE
STE 4
PONTE VEDRA BEACH, FL 32082 US

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

Officer/Director Detail :

Title D
Name BONEY, VIRGINIA M
Address 6000A SAWGRASS VILLAGE CIRCLE
STE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT
Name BONEY, VIRGINIA M. DR.
Address 6000A SAWGRASS VILLAGE CIRCLE
STE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY
Name BONEY, VIRGINIA M DR
Address 6000A SAWGRASS VILLAGE CIRCLE
STE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TREASURER
Name BONEY, VIRGINIA M DR
Address 6000A SAWGRASS VILLAGE CIRCLE
STE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP
Name VORSANGER, BRUCE F
Address 6000A SAWGRASS VILLAGE CIRCLE
STE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: VIRGINIA M BONEY

PRESIDENT

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date