

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000073117

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

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD # 701  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8833 PERIMETER PARK BLVD # 701  
JACKSONVILLE, FL 32216

**FEI Number:** 26-0389766

**Certificate of Status Desired:** No

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

BONEY, VIRGINIA M  
8833 PERIMETER PARK BLVD # 701  
JACKSONVILLE, FL 32216 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 8833 PERIMETER PARK BLVD.  
#701  
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT  
Name BONEY, VIRGINIA M. DR.  
Address 8833 PERIMETER PARK BLVD  
#701  
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY  
Name BONEY, VIRGINIA M DR  
Address 8833 PERIMETER PARK BLVD # 701  
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER  
Name BONEY, VIRGINIA M DR  
Address 8833 PERIMETER PARK BLVD # 701  
City-State-Zip: JACKSONVILLE FL 32216

Title VP  
Name VORSANGER, BRUCE F  
Address 8833 PERIMETER PARK BLVD # 701  
City-State-Zip: JACKSONVILLE FL 32216

*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 BONEY

**PRESIDENT**

**01/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date