

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000026277

**Entity Name:** ABA BEHAVIORAL THERAPY CORP

**Current Principal Place of Business:**

6630 NW 174TH LN  
HIALEAH, FL 33015

**Current Mailing Address:**

6630 NW 174 LN  
HIALEAH, FL 33015

**FEI Number:** 82-4879992

**Certificate of Status Desired:** No

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

DELGADO, BARBARA  
6630 NW 174 LN  
HIALEAH, FL 33015 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 P  
Name DELGADO, BARBARA  
Address 6630 NW 174TH LN  
City-State-Zip: HIALEAH FL 33186

*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:** BARBARA DELGADO

**PRESIDENT**

**01/28/2023**

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

\_\_\_\_\_  
Date