

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000085759

**Entity Name:** VIDAL BEHAVIOR THERAPY INC

**Current Principal Place of Business:**

6506 LENORE DR.  
TAMPA, FL 33634

**Current Mailing Address:**

6506 LENORE DR.  
TAMPA, FL 33634 US

**FEI Number: 87-2927579**

**Certificate of Status Desired: No**

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

VIDAL, VIVIANA  
6506 LENORE DR.  
TAMPA, FL 33634 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 VIDAL, VIVIANA  
Address 6506 LENORE DR.  
City-State-Zip: TAMPA FL 33634

*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: VIVIANA VIDAL** \_\_\_\_\_

02/13/2024

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date