

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82109

FILED
Feb 04, 2004
Secretary of State

Entity Name: BARBARA FLOOD, L.C.S.W., M.A. P.A.

Current Principal Place of Business:

2400 W CYPRESS CREEK RD, #100
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2400 W CYPRESS CREEK RD, #98
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2400 W CYPRESS CREEK RD, #100
FORT LAUDERDALE, FL 33309

New Mailing Address:

2400 W CYPRESS CREEK RD, #98
FORT LAUDERDALE, FL 33309

FEI Number: 65-0049694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOOD, BARBARA
5764 NW 47TH COURT
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FLOOD, BARBARA,
Address: 5764 NW 47TH COURT
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FLOOD, BARBARA,
Address: 5764 NW 47TH COURT
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA FLOOD LCSW BCD

MS

02/04/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date