

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82109

FILED  
Feb 14, 2007  
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, #98  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PRES

02/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date