

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82109

FILED  
Jan 28, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1000 W. MCNAB ROAD  
SUITE 154  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1000 W. MCNAB ROAD  
SUITE 154  
POMPANO BEACH, FL 33069

**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

**OFFICERS AND DIRECTORS:**

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

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 FLOOD LCSW

PRES

01/28/2011

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

\_\_\_\_\_ Date