# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# P06000000970

**Entity Name:** EILEEN GUSTAFSON LCSW PA

**Current Principal Place of Business:**

3802 EHRLICH ROAD STE 110
TAMPA, FL 33624

**New Principal Place of Business:**

10335 CROSS CREEK BOULEVARD
SUITE 23
TAMPA, FL 33647

**Current Mailing Address:**

3802 EHRLICH ROAD STE 110
TAMPA, FL 33624

**New Mailing Address:**

10335 CROSS CREEK BOULEVARD
SUITE 23
TAMPA, FL 33647

**FEI Number: 20-4102722** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GUSTAFSON, EILEEN
3802 EHRLICH ROAD STE 110
TAMPA, FL 33624 US

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

GUSTAFSON, EILEEN
10335 CROSS CREEK BOULEVARD
SUITE 23
TAMPA, FL 33647 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: 05/01/2009
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GUSTAFSON, EILEEN
Address: 3802 EHRLICH ROAD STE 110
City-St-Zip: TAMPA, FL 33624

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

Title: MS. (X) Change ( ) Addition
Name: GUSTAFSON, EILEEN
Address: 10335 CROSS CREEK BOULEVARD, SUITE 23
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: EILEEN GUSTAFSON, LCSW, PA MS. 05/01/2009
Electronic Signature of Signing Officer or Director — Date