

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000030403

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** VALERIE L. BARLOW, LPC, INC.

**Current Principal Place of Business:**

6961 LENOIR AVENUE EAST  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

11523 OAKLAWN ROAD  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

6961 LENOIR AVENUE EAST  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

11523 OAKLAWN ROAD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 45-1213561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARLOW, VALERIE L MS.  
6961 LENOIR AVENUE EAST  
JACKSONVILLE, FL 32216 US

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

BARLOW, VALERIE L MS.  
11523 OAKLAWN ROAD  
JACKSONVILLE, FL 32218 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

01/18/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DIR.  
Name: BARLOW, VALERIE L MS.  
Address: 11523 OAKLAWN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

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: V. L. BARLOW

Electronic Signature of Signing Officer or Director

DIR.

01/18/2012

Date