

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M82109

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

**Current Principal Place of Business:**

16359 COUNTY ROAD 132  
LIVE OAK, FL 32060-8050

**Current Mailing Address:**

16359 COUNTY ROAD 132  
LIVE OAK, FL 32060-8050 US

**FEI Number:** 65-0049694

**Certificate of Status Desired:** No

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

FLOOD, BARBARA  
16359 COUNTY ROAD 132  
LIVE OAK, FL 32060-8050 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name FLOOD, BARBARA  
Address 16359 COUNTY ROAD 132  
City-State-Zip: LIVE OAK FL 32060-8050

*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

**PRESIDENT**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date