

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M82109

**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

**Current Mailing Address:**

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

**FEI Number:** 65-0049694

**Certificate of Status Desired:** No

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

FLOOD, BARBARA  
5764 NW 47TH COURT  
CORAL SPRINGS, FL 33067 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 5764 NW 47TH COURT  
City-State-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 MA BCD

**PRESIDENT**

**03/27/2016**

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

\_\_\_\_\_  
Date