

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000000970

**Entity Name:** EILEEN GUSTAFSON LCSW PA

**Current Principal Place of Business:**

10347 CROSS CREEK BOULEVARD  
SUITE B  
TAMPA, FL 33647

**Current Mailing Address:**

P.O. BOX 5797  
SPRING HILL, FL 34611

**FEI Number:** 20-4102722

**Certificate of Status Desired:** No

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

GUSTAFSON, EILEEN  
10347 CROSS CREEK BOULEVARD  
SUITE B  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title MS.  
Name GUSTAFSON, EILEEN  
Address 10347 CROSS CREEK BOULEVARD,  
SUITE B  
City-State-Zip: TAMPA FL 33647

*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:** EILEEN GUSTAFSON LCSW PA

CLINICAL SOCIAL  
WORKER

04/24/2023

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

\_\_\_\_\_ Date