

2016 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

04/29/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date