

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000002325

**Entity Name:** POST FAMILY COUNSELING P.A.

**Current Principal Place of Business:**

12426 GATELY OAKS LANE E  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12426 GATELY OAKS LANE E  
JACKSONVILLE, FL 32225 UN

**FEI Number: 81-3182132**

**Certificate of Status Desired: No**

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

POST, MICHELLE A  
12426 GATELY OAKS LANE E  
JACKSONVILLE, FL 32225 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 P  
Name POST, MICHELLE A  
Address 12426 GATELY OAKS LANE E  
City-State-Zip: JACKSONVILLE FL 32225

Title CFO  
Name POST, MICHELLE A  
Address 12426 GATELY OAKS LANE E  
City-State-Zip: JACKSONVILLE FL 32225

Title SEC  
Name POST, MICHELLE A  
Address 12426 GATELY OAKS LANE E  
City-State-Zip: JACKSONVILLE FL 32225

*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: MICHELLE A POST**

**CEO & PRESIDENT**

**02/10/2024**

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

\_\_\_\_\_  
Date