

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000058027

**Entity Name:** GABLES COUNSELING, INC.

**Current Principal Place of Business:**

2655 S. LEJEUNE RD  
SUITE 534  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 S. LEJEUNE RD  
SUITE 534  
CORAL GABLES, FL 33134 US

**FEI Number:** 01-0700582

**Certificate of Status Desired:** No

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

LORENZEN, DIRK  
2655 S. LEJEUNE RD  
SUITE 534  
CORAL GABLES, FL 33134 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 PDS  
Name LORENZEN, LYNETTE T  
Address 2655 S. LEJEUNE RD  
SUITE 534  
City-State-Zip: CORAL GABLES FL 33134

*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:** LYNETTE LORENZEN

**PRESIDENT**

**04/17/2024**

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

\_\_\_\_\_  
Date