

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000033899

Entity Name: TRANSITIONS COUNSELING CENTER, INC.

Current Principal Place of Business:

3955 RIVERSIDE AVENUE
SUITE 2F
JACKSONVILLE, FL 32205

Current Mailing Address:

3955 RIVERSIDE AVENUE
SUITE 2F
JACKSONVILLE, FL 32205

FEI Number: 45-1554514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTLUND, KATHLEEN L
3955 RIVERSIDE AVENUE
SUITE 2F
JACKSONVILLE, FL 32205 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 PST
Name ESTLUND, KATHLEEN L
Address 3955 RIVERSIDE AVENUE, STE. 2F
City-State-Zip: JACKSONVILLE FL 32205

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: KATHLEEN L. ESTLUND

REGISTERED AGENT

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date