

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103504

Entity Name: PEDIATRIC AND ADULT COUNSELING CENTER, LLC

Current Principal Place of Business:

17071 WEST DIXIE HWY
STE 103
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

1042 NW 159TH AVENUE
PEMBROKE PINES, FL 33028

FEI Number: 27-3600227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA-MELLA CID, MARIA MLMFT
17071 WEST DIXIE HWY
STE 103
NORTH MIAMI BEACH, FL 33160 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

Authorized Person(s) Detail :

Title MGRM
Name GARCIA-MELLA CID, MARIA MLMFT
Address 1042 NW 159TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33028

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA M. GARCIA-MELLA CID

MGRM

04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date