

**2020 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:**

13260 SW 43RD STREET  
DAVIE, FL 33330 US

**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 13260 SW 43RD STREET  
City-State-Zip: DAVIE FL 33330

*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 GARCIA-MELLA CID

MGRM

04/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date