

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000024064

**Entity Name:** NEW BEGINNINGS THERAPY CENTER LLC

**Current Principal Place of Business:**

501 SW 120TH AVE  
MIAMI, FL 33184

**Current Mailing Address:**

501 SW 120TH AVE  
MIAMI, FL 33184

**FEI Number:** 45-4581141

**Certificate of Status Desired:** No

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

FERRIN, ZULEMA  
501 SW 120TH AVE  
MIAMI,FL, FL 33184 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 FERRIN, ZULEMA  
Address 501 SW 120TH AVE  
City-State-Zip: MIAMI FL 33184

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZULEMA FERRIN

MGRM

03/24/2013

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

\_\_\_\_\_ Date