

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