2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008540

FILED Jan 07, 2009 Secretary of State

Entity Name: COMMUNITY COUNSELING CENTER OF CENTRAL FLORIDA LLC

Current Principal Place of Business: New Principal Place of Business:

499 NORTH STATE ROAD 434, SUITE 2007 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

P.O. BOX 161585 ALTAMONTE SPRINGS, FL 32716

FEI Number: 56-2463919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: CEO (X) Change () Addition Name: HUNGERFORD, CORRIE L HUNGERFORD, CORRIE L

Address: 499 NORTH STATE ROAD 434, SUITE 2007 Address: 499 NORTH STATE ROAD 434, SUITE 2007

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete Title: () Change () Addition

Name:HUNGERFORD, CORRIE LName:Address:499 NORTH STATE ROAD 434, SUITE 2007Address:City-St-Zip:ALTAMONTE SPRINGS, FL 32714City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CORRIE L HUNGERFORD CEO 01/07/2009