

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000015488

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** AFFILIATED COUNSELING CENTERS, INC.

**Current Principal Place of Business:**

7590 NW 186TH ST STE 208  
MIAMI, FL 33015 US

**New Principal Place of Business:**

7590 NW 186TH ST  
SUITE #208  
MIAMI, FL 33015 US

**Current Mailing Address:**

7590 NW 186TH ST STE 208  
MIAMI, FL 33015 US

**New Mailing Address:**

7590 NW 186TH ST  
SUITE #208  
MIAMI, FL 33015 US

**FEI Number:** 65-0470674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALDONADO, MARY  
16360 NW 11TH ST.  
PEMBROKE PINES, FL 33028 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MALDONADO, MARY  
Address: 16360 NW 11TH ST.  
City-St-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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY MALDONADO

PRES

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date