

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N99000003218

**Entity Name:** DEBT MANAGEMENT CREDIT COUNSELING CORP.

**Current Principal Place of Business:**

1330 SOUTHEAST 4TH AVENUE  
SUITE F  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1330 SE 4TH AVENUE  
SUITE F  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 65-0923483

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title D/S  
Name O'BRIEN, CAROLINE  
Address 2830 SW 15TH STREET  
6C  
City-State-Zip: DELRAY BEACH FL 33445

Title D/P  
Name HEINEMANN, PHIL  
Address 983 SW 149TH WAY  
City-State-Zip: SUNRISE FL 33326

Title DIRECTOR  
Name ALEMAN, JUAN  
Address 104 SAWBILL PALM DRIVE  
City-State-Zip: PONTE VEDRA FL 32082

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

**SIGNATURE:** PHIL HEINEMANN

**PRESIDENT**

**04/29/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date