

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058027

Entity Name: GABLES COUNSELING, INC.

Current Principal Place of Business:

150 ALHAMBRA CIRCLE, STE 1220
CORAL GABLES, FL 33134

Current Mailing Address:

150 ALHAMBRA CIRCLE, STE 1220
CORAL GABLES, FL 33134

FEI Number: 01-0700582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORENZEN, DIRK
150 ALHAMBRA CIRCLE SUITE 1220
CORAL GABLES, FL 33134 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 PDS
Name LORENZEN, LYNETTE T
Address 150 ALHAMBRA CIRCLE
SUITE 1220
City-State-Zip: CORAL GABLES FL 33134

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: LYNETTE T. LORENZEN

PRESIDENT

04/25/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date