

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055141

Entity Name: LCS INTEGRATIVE COUNSELING AND CONSULTING, INC.

Current Principal Place of Business:

4703 NW 53RD AVE
SUITE A-2
GAINESVILLE, FL 32653

Current Mailing Address:

4703 NW 53RD AVE
SUITE A-2
GAINESVILLE, FL 32653 US

FEI Number: 20-0934644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHARF, ALICE-DIANE D
4703 NW 53RD AVE
SUITE A-2
GAINESVILLE, FL 32653 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 P
Name SCHARF, ALICE-DIANE D
Address 4703 NW 53RD AVE SUITE A-2
City-State-Zip: GAINESVILLE FL 32653

Title VP
Name FIELDS, KARIN G
Address 4703 NW 53RD AVE SUITE A-2
City-State-Zip: GAINESVILLE FL 32653

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: SCHARF , ALICE-DIANE D

PRESIDENT

01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date