

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000015488

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0470674

**Certificate of Status Desired:** No

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

MALDONADO, MARY  
16360 NW 11TH ST.  
PEMBROKE PINES, FL 33028 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 PD  
Name MALDONADO, MARY  
Address 16360 NW 11TH ST.  
City-State-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

**PRESIDENT**

**03/04/2015**

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

\_\_\_\_\_  
Date