

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068400

**Entity Name:** POSITIVE CHANGE COUNSELING, PLLC

**Current Principal Place of Business:**

1800 PEMBROOK DR.  
SUITE 300  
WINTER SPRINGS, FL 32810

**Current Mailing Address:**

1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810 US

**FEI Number:** 27-0600349

**Certificate of Status Desired:** No

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

NORMAN, MARCIA PSY D  
1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810 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

**Authorized Person(s) Detail :**

Title MGRM  
Name NORMAN, MARCIA  
Address 30 GOLF TERRACE DR.  
APT. 104  
City-State-Zip: WINTER SPRINGS FL 32708

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCIA T. NORMAN

**OWNER**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date