

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083926

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**0521839035CC**

**Entity Name:** NEW DIRECTIONS COUNSELING CENTER, LLC

**Current Principal Place of Business:**

5121 S. LAKELAND DR  
SUITE 4  
LAKELAND, FL 33813

**Current Mailing Address:**

5121 S. LAKELAND DR  
SUITE 4  
LAKELAND, FL 33813 US

**FEI Number:** 27-3213228

**Certificate of Status Desired:** No

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

ABRAHAM, STEVEN K  
5121 S. LAKELAND DR  
SUITE 4  
LAKELAND, FL 33813 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 STEVEN K. ABRAHAM, PSY.D., P.A.  
Address 5121 S. LAKELAND DR  
SUITE 4  
City-State-Zip: LAKELAND FL 33813

Title MGRM  
Name CARRIE COOK, LMHC, CEAP, P.A.  
Address 5121 S. LAKELAND DR  
SUITE 4  
City-State-Zip: LAKELAND FL 33813

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

**SIGNATURE:** LEAH BEST

**OFFICE MANAGER**

**02/07/2019**

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

\_\_\_\_\_  
Date