

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000083926

Entity Name: NEW DIRECTIONS COUNSELING CENTER, LLC

Current Principal Place of Business:

1953 E. EDGEWOOD DR.
LAKELAND, FL 33803

Current Mailing Address:

1953 E. EDGEWOOD DR.
LAKELAND, FL 33803 US

FEI Number: 27-3213228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAHAM, STEVEN K
1953 E. EDGEWOOD DR.
LAKELAND, FL 33803 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 1953 E. EDGEWOOD DR.
City-State-Zip: LAKELAND FL 33803

Title MGRM
Name CARRIE COOK, LMHC, CEAP, P.A.
Address 1953 E. EDGEWOOD DR.
City-State-Zip: LAKELAND FL 33803

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: CARRIE COOK

MGRM

01/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date