2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000008517

Entity Name: ORLANDO BEHAVIOR HEALTH, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
3483 FERNWOOD DRIVE KISSIMMEE, FL 34741	270 TUSCANY E KINGS POINT DELRAY BEACH, FL 33446
Current Mailing Address:	**New Mailing Address:**
3483 FERNWOOD DRIVE KISSIMMEE, FL 34741	291 GREENWOODS RD. TORRINGTON, CT 06790

FEI Number: 56-2400453   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WEINBERG, MICHAEL 3483 FERNWOOD DRIVE KISSIMMEE, FL 34741 US	WEINBERG, MICHAEL DR. 270 TUSCANY E KINGS POINT DELRAY BEACH, FL 33446 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: MICHAEL WEINBERG, PH.D., BCBA   11/02/2004

            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:	**ADDITIONS/CHANGES:**
Title: MGR ( ) Delete	Title: MGR (X) Change ( ) Addition
Name: WEINBERG, MICHAEL	Name: WEINBERG, MICHAEL DR.
Address: 3483 FERNWOOD DRIVE	Address: 291 GREENWOODS RD.
City-St-Zip: KISSIMMEE, FL 34741	City-St-Zip: TORRINGTON, CT 06790

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MICHAEL WEINBERG, PH.D., BCBA   MGR   11/02/2004

      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date