


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90198 014 ****50.00

DOCUMENT # L00000004584							
1. Entity Name INSTITUTE FOR BEHAVIORAL SCIENCES AND THE LAW, LLC							
Principal Place of Business 200 SE 6TH ST STE. 601 FORT LAUDERDALE, FL 33301			Mailing Address 200 SE 6TH ST # 601 FORT LAUDERDALE, FL 33301				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-1008566			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LAMONT & NEIMAN PA ONE BISCAYNE TOWER 3550 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Sherril Bourgeois</i>			DATE 3/3/06				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHERRIL BOURGEOIS, PSY D, P.A.		NAME				
STREET ADDRESS	5271 W. LEITNER DR.		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MICHALE P. BRANNON, PSY D, P.A.		NAME				
STREET ADDRESS	200 SE 6TH ST		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARTER, SHERRIE B		NAME				
STREET ADDRESS	5271 W. LEITNER DR		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP				
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARTER, DAN		NAME				
STREET ADDRESS	5271 W. LEITNER DR.		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 <i>Sherril Bourgeois</i>			DATE 3/3/06 954-766-7826				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #				