2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004584

FILED Jan 27, 2007 Secretary of State

Entity Name: INSTITUTE FOR BEHAVIORAL SCIENCES AND THE LAW, LLC

New Principal Place of Business: Current Principal Place of Business: 200 SE 6TH ST STE. 601 FORT LAUDERDALE, FL 33301 **New Mailing Address: Current Mailing Address:** 200 SE 6TH ST # 601 FORT LAUDERDALE, FL 33301 FEI Number: 65-1008566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMONT & NEIMAN PA ONE BISCAYNE TOWER 3550 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SHERRI BOURG, PSY D., P.A. Name: Name: Address: 5271 W. LEITNER DR. Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MICHALE P. BRANNON,, PSY D, P.A. Name: Name: Address: 200 SE 6TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CARTER, SHERRIE B Name: Name: Address: 5271 W. LEITNER DR Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHERRIE BOURG CARTER

MGRM

01/27/2007