

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004584

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

750 SE 3RD AVENUE
SUITE 204
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

750 SE 3RD AVENUE
SUITE 204
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1008566 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOODIS, MARK A CPA
9600 W. SAMPLE ROAD
SUITE 502
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: SHERRIE BOURG CARTER, , PSY D, P.A.
Address: 5271 W. LEITNER DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM () Delete
Name: MICHALE P. BRANNON,, PSY D, P.A.
Address: 750 SE 3RD AVENUE
City-St-Zip: SUITE 204, FL 33316

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHERRIE BOURG CARTER, , PSY D, P.A.
Address: 750 SE 3RD AVENUE, SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2009

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