

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004584

**FILED**  
**Mar 31, 2010**  
**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:**

200 SE 6TH STREET  
SUITE 402  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

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

**New Mailing Address:**

200 SE 6TH STREET  
SUITE 402  
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:**

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  
Name: SHERRIE BOURG CARTER, PSY D, P.A.  
Address: 200 SE 6TH STREET, SUITE 402  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM  
Name: MICHAEL P. BRANNON, PSY D, P.A.  
Address: 200 SE 6TH STREET  
City-St-Zip: SUITE 402, FL 33301

I hereby 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

CEO

03/31/2010

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