

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004584

FILED  
Jan 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
**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      01/14/2011

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