

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014272

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** MENTAL & BEHAVIORAL SCIENCES, L.L.C.

**Current Principal Place of Business:**

2908 WHITTINGTON PLACE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

2908 WHITTINGTON PLACE  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 30-0168203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQ  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

DESAI, NAINAN V  
2908 WHITTINGTON PL.  
TAMPA, FL 33618 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: NAINAN V. DESAI

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DESAI, DEVYANI N M.D.  
Address: 2908 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEVYANI N. DESAI

MGR

04/30/2005

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