

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014272

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

320 DEBUEL RD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17734
TAMPA, FL 33682

New Mailing Address:

320 DEBUEL RD
LUTZ, FL 33549

FEI Number: 30-0168203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, NAINAN V
320 DEBUEL RD
LUTZ, FL 33549 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: MGR () Delete
Name: DESAI, DEVYANI N.M.D.
Address: PO BOX 17734
City-St-Zip: TAMPA, FL 33682

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DESAI, DEVYANI N.M.D.
Address: 320 DEBUEL RD
City-St-Zip: LUTZ, FL 33549

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: DEVYANI DESAI

MGR

04/30/2009

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