

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014272

**FILED**  
**Apr 30, 2010**  
**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:**

320 DEBUEL RD  
LUTZ, FL 33549

**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:**

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  
Name: DESAI, DEVYANI N.M.D.  
Address: 320 DEBUEL RD  
City-St-Zip: LUTZ, FL 33549

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: DEVYANI DESAI

MGR

04/30/2010

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