

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000046464

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** BEHAVIORAL HEALTH CONSULTANTS, LLC

**Current Principal Place of Business:**

4500 ISLAND ROAD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4500 ISLAND ROAD  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 20-0594814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SILVERMAN, ADAM J  
2800 PONCE DE LEON BLVD., STE. 1125  
CORAL GABLES, FL 33134 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 ( ) Delete  
Name: GISSEN, MATTHEW  
Address: 4500 ISLAND ROAD  
City-St-Zip: MIAMI, FL 33137

**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 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:** MATTHEW GISEN

MGRM

02/27/2009

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