

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 29, 2008  
Secretary of State**

DOCUMENT# L04000048961

Entity Name: FLORIDA BEHAVIORAL CONSULTING & RESEARCH, LLC

**Current Principal Place of Business:**

146-33RD AVENUE NORTH  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

146-33RD AVENUE NORTH  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 59-0700116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILCOX, CATHERINE C  
146-33RD AVENUE NORTH  
ST. PETERSBURG, FL 33704      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: CATHERINE C. WILCOX

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: WILCOX, CATHERINE C  
Address: 146-33RD AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

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: CATHERINE C. WILCOX

MGR

10/29/2008

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