

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020939

FILED
Jan 18, 2008
Secretary of State

Entity Name: MOTIVATIONAL INSTITUTE FOR BEHAVIORAL HEALTH, LLC

Current Principal Place of Business:

535 N.E. 16 AVE
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

535 N.E. 16 AVE
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EICKLEBERRY, LORI
535 N.E. 16 AVE
FT LAUDERDALE, FL 33301 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: EICKLEBERRY, LORI
Address: 535 N.E. 16 AVE
City-St-Zip: FT LAUDERDALE, FL 33301

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: LORI EICKLEBERRY

MGRM

01/18/2008

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