

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020939

FILED
Mar 04, 2010
Secretary of State

Entity Name: MOTIVATIONAL INSTITUTE FOR BEHAVIORAL HEALTH, LLC

Current Principal Place of Business:

2881 EAST OAKLAND PARK BLVD.
SUITE 313
FT LAUDERDALE, FL 33306

New Principal Place of Business:

2881 EAST OAKLAND PARK BLVD.
SUITE 301
FT LAUDERDALE, FL 33306

Current Mailing Address:

2881 EAST OAKLAND PARK BLVD.
SUITE 313
FT LAUDERDALE, FL 33306

New Mailing Address:

2881 EAST OAKLAND PARK BLVD.
SUITE 301
FT LAUDERDALE, FL 33306

FEI Number: 26-1873776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

EICKLEBERRY, LORI L PHD
535 N.E. 16 AVE
FT LAUDERDALE, FL 33301 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: LORI L. EICKLEBERRY, PHD

03/04/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: EICKLEBERRY, LORI L PHD
Address: 2881 EAST OAKLAND PARK BLVD., SUITE 301
City-St-Zip: FORT LAUDERDALE, FL 33306

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: LORI L. EICKLEBERRY, PHD

MGRM

03/04/2010

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