2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L06000022155

Entity Name: THE BEHAVIORAL ARTS & RESEARCH CLINIC, LLC

Current Principal Place of Business:

11798 SAN JOSE BLVD., SUITE 2
JACKSONVILLE, FL 32223

New Principal Place of Business:

11798 SAN JOSE BLVD., SUITE 2
2
JACKSONVILLE, FL 32223

Current Mailing Address:

11798 SAN JOSE BLVD., SUITE 2
JACKSONVILLE, FL 32223

New Mailing Address:

11798 SAN JOSE BLVD., SUITE 2
2
JACKSONVILLE, FL 32223

FEI Number: 16-1751359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BROWN, KIMBERLY
608 ACORN COURT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

BROWN, KIMBERLY E DR.
6168 CLEARSKY DRIVE
JACKSONVILLE, FL 32258 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: KIMBERLY BROWN 07/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BROWN, KIMBERLY
Address: 608 ACORN COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BROWN, KIMBERLY
Address: 6168 CLEARSKY DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

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: KIMBERLY BROWN DR. 07/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date