

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058621

FILED
Jan 03, 2007
Secretary of State

Entity Name: BRIEF PROGRAMS FOR HEALTH, LLC

Current Principal Place of Business:

3595 FOREST BEND TERRACE
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3595 FOREST BEND TERRACE
JACKSONVILLE, FL 32224

New Mailing Address:

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

Name and Address of Current Registered Agent:

WERCH, CHUDLEY (CHAD) PH.D.
3595 FOREST BEND TERRACE
JACKSONVILLE, FL 32224 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: WERCH, CHUDLEY (CHAD) PH.D.
Address: 3595 FOREST BEND TERRACE
City-St-Zip: JACKSONVILLE, FL 32224

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 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: CHUDLEY (CHAD) WERCH, PH.D. PRES 01/03/2007

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