

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000058621

**FILED**  
**Apr 21, 2012**  
**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:** 51-0589475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

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

**Title:** MGRM  
**Name:** WERCH, LAUREN J  
**Address:** 3595 FOREST BEND TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** CHUDLEY WERCH

MGRM

04/21/2012

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