

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019342

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** INSTITUTE FOR BRAIN TRAUMA, HEALING AND EMPOWERMENT, LLC

**Current Principal Place of Business:**

1954 HOWELL BRANCH RD  
106  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1954 HOWELL BRANCH RD  
106  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 26-4346321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

**Name and Address of New Registered Agent:**

CRAMER, MARCIE S  
1954 HOWELL BRANCH RD  
106  
WINTER PARK, FL FL 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** CRAMER, MARCIE S PRES  
**Address:** 1954 HOWELL BRANCH RD STE 106  
**City-St-Zip:** WINTER PARK, FL 32792

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: MARCIE S. CRAMER

PRES

05/01/2010

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