


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000863	
BEHAVIORAL RESEARCH CENTER, LLC 5051 CASTELLO DR SUITE 211 NAPLES FL 34103		1a. Principal Place of Business Address 5051 CASTELLO DR SUITE 211 NAPLES FL 34103	
2. Principal Place of Business <i>4966 Tamiami Tr. N.</i>	2a. Mailing Address <i>4966 Tamiami Tr. N.</i>	3. Date Organized or Qualified 08/09/1996	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0685863	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 04/25/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent CONNORS, MICHAEL J 5020 TAMIAHI TRAIL N SUITE 200 NAPLES FL 34103		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <i>4966 Tamiami Tr. N.</i> Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CONNORS, MICHAEL J	5020 TAMIAHI TRAIL N SUITE <i>4966 Tamiami Tr. N.</i>	NAPLES FL 34103
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

(Signature and Typed or Printed Name of Signing Managing Member or Manager)

2/27/98

Date

9412614304

Daytime Phone #