


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 SEP -7 PM 1:45	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000863 BEHAVIORAL RESEARCH CENTER, LLC 4966 TAMiami TRAIL N. NAPLES FL 34103		1a. Principal Place of Business Address 4966 TAMiami TRAIL N. NAPLES FL 34103			
2. Principal Place of Business 2154 Trade Center Way Suite, Apt. #, etc. Ste 2 City & State Naples FL Zip 34109 Country USA		2a. Mailing Address PO Box 413019 Suite, Apt. #, etc. City & State Naples FL Zip 34101 Country USA		3. Date Organized or Qualified 08/09/1996 3a. State of Formation FL 4. FEI Number <input type="checkbox"/> Applied For 65-0685863 <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/04/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CONNORS, MICHAEL J 4966 TAMiami TRAIL N. NAPLES FL 34103		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2154 Trade Center Way Suite, Apt. #, etc. Ste 2 City Naples FL Zip Code 34109			
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 _____ <small>(Signature of Agent, if Agent is applying for appointment; if not, Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	CONNORS, MICHAEL J	4966 TAMiami TRAIL N. 2154 Trade Center Way #2		NAPLES FL 900002989649--6 -03/17/99--01045--006 ****588.75 ****588.75 AL	

11. I, the undersigned, 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 furnished 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 of Agent, if Agent is applying for appointment; if not, Registered Agent signature required when reappointing)

9/3/99 9415935400