

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000166774

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** BRAIN & BEHAVIORAL INSTITUTE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

3326 MARY ST.  
SUITE 402  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3326 MARY ST.  
SUITE 402  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 20-4000470      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PIEDRA, JENNIFER  
5394 SW 119 AVE  
COOPER CITY, FL 33330 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: LUCENA, WILLIAMS  
Address: 200 SE 15TH RD PH-A  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAMS J LUCENA

PS

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date