2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019432

1. Entity Name

D'ALÉSSANDRO PARTNERS & LEE MENTAL HEALTH, LLC



Principal Place of Business

2789 ORTIZ AVE. FT MYERS, FL 33905 Mailing Address

2789 ORTIZ AVE. FT MYERS, FL 33905

FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90016 012 ****50.00

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| 04052005 No Chg-LLC | CR2E083 (10/03) |

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BAKER P.A. C/O JEFFREY C. SHANNON 501 E. KENNEDYL BLVD., STE. 1700 TAMPA, FL 33602

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| the obligat | named entity submits this statement for the purpose of changing i ions of registered agent. | ts registered office or registered of | agent, or both, in the State | of Florida. I am familiar | with, and accept |
| SIGNATURE: | of the control of the | - · - · - | · · · · · · · · · · · · · · · · · · · | | |
| * | Signature, typed or printed name of registered agent and title if applicable. [NO | OTE: Registered Agent signature required whe | reinstating) | DATE | |
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| 447 - 1455 T. H | · · · · · · · · · · · · · · · · · · · | | (10.72.380 | Jules Equilities open, the | |
| 9. | MANAGING MEMBERS/MANAGERS | | F. 4 1 | * | |
| TITLE | MGR | · · | | | |
| NAME | D'ALESSANDRO, FRANK | | 1. | | |
| STREET ADDRESS | 7980 SUMMERLIN LAKES DR STE 201 | | | | |
| CITY-ST-ZIP | FORT MYERS, FL 33907 | | | | |
| TITLE | MGR | | | | |
| NAME | EUSTIS, JANET W | | | | |
| STREET ADDRESS | 2789 ORTIZ AVE | - \$ | | , | |
| CITY-ST-ZIP | FORT MYERS, FL 33905 | | | | |
| TITLE | | | | | |
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11. I 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 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.

SIGNATURE:

CITY-ST-7IP

FOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/05

239-791-1530

Date

Daytime Phone #