

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019432

1. Entity Name
**D'ALESSANDRO 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**

DO NOT WRITE IN THIS SPACE



01312006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
14-1892669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
D'ALESSANDRO, FRANK
7960 SUMMERLIN LAKES DR STE 201
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
EUSTIS, JANET W
2789 ORTIZ AVE
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

000000428848
03/02/06-80020-019 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #