2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L03000019432

Entity Name: D'ALESSANDRO PARTNERS & LEE MENTAL HEALTH, LLC

Current Principal Place of Business:

2789 ORTIZ AVE.
FT MYERS, FL 33905

New Principal Place of Business:

2789 ORTIZ AVE.
FT MYERS, FL 33905 US

Current Mailing Address:

2789 ORTIZ AVE.
FT MYERS, FL 33905

New Mailing Address:

2789 ORTIZ AVE.
FT MYERS, FL 33905 US

FEI Number: 14-1892669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WINTERS, DAVID E
2789 ORTIZ AVENUE
FORT MYERS, FL 33905 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WOODYARD, TOM
Address: 7051 CYPRESS TERRACE, SUITE 110
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete
Name: WINTERS, DAVID E
Address: 2789 ORTIZ AVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WOODYARD, TOM
Address: P.O. BOX 60151
City-St-Zip: FORT MYERS, FL 33906 US

Title: MGR (X) Change ( ) Addition
Name: WINTERS, DAVID E
Address: 2789 ORTIZ AVE
City-St-Zip: FORT MYERS, FL 33905 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID E. WINTERS MGR 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date