

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020285

FILED
Feb 07, 2005
Secretary of State

Entity Name: COMPREHENSIVE MENTAL HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

4501 MANATEE AVENUE WEST
#209
BRADENTON, FL 34209 US

New Principal Place of Business:

410 CORTEZ ROAD WEST
#411
BRADENTON, FL 34208 US

Current Mailing Address:

4501 MANATEE AVENUE WEST
#209
BRADENTON, FL 34209 US

New Mailing Address:

FEI Number: 20-0051147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLYBURN, THOMAS W PH.D.
4526 SABAL KEY DRIVE
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

CLYBURN, THOMAS W PH.D.
6214 35TH AVENUE EAST
PALMETTO, FL 34221 US

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: THOMAS W. CLYBURN, PHD

02/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CLYBURN, THOMAS W PH.D.
Address: 4526 SABAL KEY DRIVE
City-St-Zip: BRADENTON, FL 34203 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLYBURN, THOMAS W PH.D.
Address: 6214 35TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS W. CLYBURN, PH.D.

MGR

02/07/2005

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