

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020285

FILED  
May 13, 2006  
Secretary of State

**Entity Name:** COMPREHENSIVE MENTAL HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

410 CORTEZ ROAD WEST  
#411  
BRADENTON, FL 34208 US

**New Principal Place of Business:**

318 OLD MAIN STREET  
#23  
BRADENTON, FL 34205 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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CLYBURN, THOMAS W PH.D.  
6214 35TH AVENUE EAST  
PALMETTO, FL 34221 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: CLYBURN, THOMAS W PH.D.  
Address: 6214 35TH AVENUE EAST  
City-St-Zip: PALMETTO, FL 34221 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

DR.

05/13/2006

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