

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020285

FILED  
Jan 14, 2007  
Secretary of State

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

**Current Principal Place of Business:**

318 OLD MAIN STREET  
#23  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

**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.  
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: DR. THOMAS CLYBURN III

MGR

01/14/2007

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