2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L03000020285

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:

318 OLD MAIN STREET
#36
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 ( )**

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 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 OWNE 04/13/2009

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