

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000020285

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

318 OLD MAIN STREET  
#36  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

318 OLD MAIN STREET  
#21  
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  
Name: CLYBURN, THOMAS W PH.D.  
Address: 6214 35TH AVENUE EAST  
City-St-Zip: PALMETTO, FL 34221 US

I hereby 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      CEO      03/29/2010

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