

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020285

FILED
Feb 10, 2012
Secretary of State

Entity Name: COMPREHENSIVE MENTAL HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

318 OLD MAIN STREET
#21
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 (X)

Name and Address of Current Registered Agent:

CLYBURN, THOMAS W PH.D.
6114 13TH AVENUE EAST
BRADENTON, FL 34208 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: 6114 13TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208 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

MGR

02/10/2012

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