

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051264

FILED  
Feb 14, 2005  
Secretary of State

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

**Current Principal Place of Business:**

8019 N. HIMES AVE., SUITE 400  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

8019 N. HIMES AVE., SUITE 400  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 84-1651869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAROLINE HATTON, PA  
5807 S. 2ND STREET  
TAMPA, FL 33611 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CAROLINE HATTON, PA,  
Address: 5807 S. STREET  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Delete  
Name: RICHARD ENRICO SPANA, , PH.D., PA  
Address: 12512 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33612 US

Title: MGRM ( ) Delete  
Name: JO-ANN H. BIRD, PA,  
Address: 6820 SUMMER COVE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM ( ) Delete  
Name: MANNION, JENNY  
Address: 1814 HAMMOCK PINE BLVD.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM ( ) Delete  
Name: GARY VITACCO-ROBLES,, P.A.  
Address: 2101 LARKSPUR COURT  
City-St-Zip: TRINITY, FL 34655

**ADDITIONS/CHANGES:**

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

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

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

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

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 Section 119.07(3)(i), 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: CAROLINE HATTON

MGRM

02/14/2005

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