

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051264

FILED
Jan 18, 2006
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:

8019 N. HIMES AVE.
SUITE 400
TAMPA, FL 33614 US

Current Mailing Address:

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

New Mailing Address:

8019 N. HIMES AVE.
SUITE 400
TAMPA, FL 33614 US

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/MANAGERS:

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

Title: MGRM (X) 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 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: CAROLINE HATTON

MGRM

01/18/2006

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