2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:	

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: JO-ANN H. BIRD MGRM 01/09/2007

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