

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083547

FILED
Mar 09, 2009
Secretary of State

Entity Name: BEHAVIORAL HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

1221 W. LAKEVIEW AVENUE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1221 W. LAKEVIEW AVENUE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-5421098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEMBRY, GARY L
1221 W. LAKEVIEW AVE.
PENSACOLA, FL 32501 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: CD () Delete
Name: LANDRUM, BRITT JR
Address: 4050 BEVEDERE DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: VCD () Delete
Name: BRADSHAW, NELSON
Address: 2660 BAY ST
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: BEMBRY, GARY
Address: 2543 ANGEL COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: CFO () Delete
Name: HILL, ALLISON
Address: 6618 ALLISON WAY
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: KIRTON, NANCY
Address: 6051 LARAMIE WAY
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

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

Title: VCD (X) Change () Addition
Name: FORD, DEBBIE
Address: 5575 OAKMONT DRIVE
City-St-Zip: PACE, FL 32571

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 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: NANCY KIRTON

S

03/09/2009

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