

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000083547

**FILED  
Jan 14, 2010  
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  
Name: LANDRUM, BRITT JR  
Address: 4050 BEVEDERE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VCD  
Name: JORDAN, DALE  
Address: 825 BAYSHORE DRIVE, #305  
City-St-Zip: PENSACOLA, FL 32507

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

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

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

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: NANCY KIRTON

S

01/14/2010

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