2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

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Entity Name: BEHAVIORAL HEALTH PROFESSIONALS, LLC

Current Principal Place of Business:

1239 E. MAIN STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1559
BARTOW, FL 338311559

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIERRA, J G PRES.
4187 AUDUBON OAKS CIRCLE
APT 11-204
LAKELAND, FL 33809 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: PRES ( ) Delete
Name: SIERRA, J G
Address: 4187 AUDUBON OAKS CIRCLE APT 11-204
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

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: J. GILBERT SIERRA PRES 04/27/2009

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