

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107517

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** BEHAVIORAL HEALTH PROFESSIONALS, LLC

**Current Principal Place of Business:**

1239 E. MAIN STREET  
BARTOW, FL 33830

**New Principal Place of Business:**

1239 E. MAIN STREET  
BARTOW, FL 33831 US

**Current Mailing Address:**

P.O. BOX 1559  
BARTOW, FL 338311559

**New Mailing Address:**

P.O. BOX 1559  
BARTOW, FL 33831 US

**FEI Number:** 59-0818924

**FEI Number Applied For ( )**

**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:**

SIERRA, J GILBERT CEO  
4187 AUDUBON OAKS CIRCLE  
APT 11-204  
LAKELAND, FL 33809 US

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: J. GILBERT SIERRA

02/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P/S  
Name: SIERRA, J. GILBERT CEO  
Address: 4187 AUDUBON OAKS CIRCLE APT 11-204  
City-St-Zip: LAKELAND, FL 33809 US

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: J. GILBERT SIERRA

P/S

02/24/2010

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