

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107517

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1239 E. MAIN STREET  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1559  
BARTOW, FL 33831 US

**New Mailing Address:**

**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 GILBERT CEO  
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:** 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

MM

02/17/2012

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