

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092582

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEHAVIORAL HEALTH SERVICES, L.C.S.W., L.L.C.

Current Principal Place of Business:

8976 GREENWICH HILLS WAY #202
FORT MYERS, FL 33908

New Principal Place of Business:

13721 CYPRESS TERRACE CIRCLE
702
FORT MYERS, FL 33907

Current Mailing Address:

8976 GREENWICH HILLS WAY #202
FORT MYERS, FL 33908

New Mailing Address:

16520 S. TAMIAMI TRAIL #18
187
FORT MYERS, FL 33908

FEI Number: 26-3481829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRATRICK, KATHY A
8976 GREENWICH HILLS WAY #202
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

FRATRICK, KATHY A
16520 S. TAMIAMI TRAIL #18
187
FORT MYERS, FL 33908 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: KATHY A. FRATRICK

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRATRICK, KATHY A
Address: 8976 GREENWICH HILLS WAY #202
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRATRICK, KATHY A
Address: 16520 S. TAMIAMI TRAIL #18-187
City-St-Zip: FORT MYERS, FL 33908

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: KATHY A. FRATRICK

MGR

04/16/2009

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