2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2010
Secretary of State

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

Current Principal Place of Business:

6820 PORTO FINO CIRCLE, STE. 1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6820 PORTO FINO CIRCLE, STE. 1
FORT MYERS, FL 33912

New Mailing Address:

16520 S. TAMIAMI TRAIL #138
PMB 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
16520 S. TAMIAMI TRAIL #18
187
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

FRATRICK, KATHY A
16520 S. TAMIAMI TRAIL #138
PMB 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: 02/13/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: FRATRICK, KATHY A
Address: 16520 S. TAMIAMI TRAIL #138-PMB 187
City-St-Zip: FORT MYERS, FL 33908

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 Statues.

SIGNATURE: KATHY A. FRATRICK PRES 02/13/2010

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