

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003706

FILED
Mar 24, 2005
Secretary of State

Entity Name: SMITH MENTAL HEALTH ASSOCIATES, L.L.C.

Current Principal Place of Business:

4265 NORTH PINE ISLAND RD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4265 NORTH PINE ISLAND RD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0929557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SEAN L ESQ.
1750 UNIVERSITY DRIVE
SUITE 223
CORAL SPRINGS, FL 33071 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/MEMBERS:

Title: MGRM () Delete
Name: JOANNE CORREIA-KENT,
Address: 6007 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: MGRM () Delete
Name: DONNA LA VALLE,
Address: 2819 N.E. 21 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE CORREIA-KENT

CO-D

03/24/2005

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