2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007
Secretary of State

DOCUMENT# L99000003706

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

Current Principal Place of Business:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0929557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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 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: JOANNE CORREIA-KENT MGRM 05/18/2007

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