2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003706

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

FILED Feb 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

601 SOUTH STATE RD 7 PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

601 SOUTH STATE RD 7 PLANTATION, FL 33317

FEI Number: 65-0929557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, SEAN L ESQ.
1750 UNIVERSITY DRIVE
SUITE 223
CORAL SPRINGS, FL 33071 US
WILSON, SEAN L ESQ.
2385 NW EXECUTIVE CENTER DRIVE
SUITE 223
BOCA RATON, FL 33431 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: 02/28/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 JOANNE CORREIA-KENT,
 Name:

 Address:
 6007 NW 65 TERRACE
 Address:

 City-St-Zip:
 PARKLAND, FL 33067
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:DONNA LA VALLE,Name:DONNA LA VALLE,Address:2819 N.E. 21 TERRACEAddress:1781 SW 67TH TERRACECity-St-Zip:FORT LAUDERDALE, FL 33306City-St-Zip:PLANTATION, FL 33317

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 02/28/2008