2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
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)**

Name and Address of Current Registered Agent:

WILSON, SEAN L ESQ.
2385 NW EXECUTIVE CENTER DRIVE
SUITE 223
BOCA RATON, FL 33431 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: 1781 SW 67TH TERRACE
City-St-Zip: PLANTATION, FL 33317

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 04/02/2009

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