

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000061119

Entity Name: HARMONY TMS THERAPY LLC

Current Principal Place of Business:

7051 SEACREST BLVD
LANTANA, FL 33462

Current Mailing Address:

7051 SEACREST BLVD
LANTANA, FL 33462

FEI Number: 81-2024468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORAN, ROBERT
7051 SEACREST BLVD
LANTANA, FL 33462 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	CFO
Name	MORAN, ROBERT	Name	LEVEY, DAVID
Address	7051 SEACREST BLVD	Address	7051 SEACREST BLVD
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462

Title ADMINISTRATIVE SUPERVISOR
 Name ZACHARY, LEVENSON
 Address 7051 SEACREST BLVD
 City-State-Zip: LANTANA FL 33462

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZACHARY C. LEVENSON

**ADMINISTRATIVE
SUPERVISOR**

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date