FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721283 (0)

1. Corporation Name

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC

Principal Place of Business	Mailing Address
2739 US HWY. 19 HOLIDAY FL 34691 US	P.O. BOX 428 NEW PORT RICHEY FL 34656-0428 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1371752 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business: 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

TIMKO, THOMAS M. SR.
14948 NEW PORT ROAD
CLEARWATER FL 33546

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~TD~~	1.1 TITLE	D — [X] Change [ ] Addition
NAME	BARNETT, BEVERLY	1.2 NAME	
STREET ADDRESS	5425 MAIN ST	1.3 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL	1.4 CITY ST ZIP	
TITLE	~~PD~~	2.1 TITLE	SD — [X] Change [ ] Addition
NAME	~~FITZSIMMONS, BRIAN L.~~	2.2 NAME	A. Ruth Gauthier
STREET ADDRESS	~~2739 US HWY 19~~	2.3 STREET ADDRESS	6936 Mesa Verdes
CITY ST ZIP	~~HOLIDAY FL~~	2.4 CITY ST ZIP	Port Richey, Fl. 34668
TITLE	CD	3.1 TITLE	[ ] Change [ ] Addition
NAME	SMOLKER, DAVID, ESQ.	3.2 NAME	
STREET ADDRESS	574 PARKWAY BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	LAND O' LAKES FL	3.4 CITY ST ZIP	
TITLE	~~SD~~	4.1 TITLE	VCD — [X] Change [ ] Addition
NAME	MARLARKEY, PATRICIA F	4.2 NAME	
STREET ADDRESS	8102 PINEAPPLE LANE	4.3 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	HELIE, KING	5.2 NAME	
STREET ADDRESS	3707 CORSAIR COURT	5.3 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL	5.4 CITY ST ZIP	
TITLE	~~CD~~	6.1 TITLE	TD — [X] Change [ ] Addition
NAME	LAPORTE, ESQ., CRAIG A.	6.2 NAME	
STREET ADDRESS	11914 OAK TRAIL WAY	6.3 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Ruth Gauthier — 4-25-95 — (813) 847-2411 x-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. RUTH GAUTHIER

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