2004 NOT FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 721283 1. Entity Name						A.			ILED	10		
THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.								0 AM 8:				
Principal Place of Business			Mailing Address					TALLAHAS	JRY OF STA SEE, FLOR	ii c iDA		
7809 MASSACHUSETTS AVE NEW PT RICHEY FL 34653 US		P.O. BOX 428 NEW PORT RICHEY FL 34656-0428 US					1 (99 11) (3			III SIBII BIBII BIĞII Bİ	Riller & Jesi	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.						MOORE	CR2E	037 (11/03)	
City & State			City & State					4. FEI Number	59-137175	52		pplied For lot Applicable
Zip Country			Zip Co			5. Certificate of Status Desired			×	\$8.75 Additional , Fee Required		
	6. Name and	Address of Current	Registered Agent			NI		7. Name and A	ddress of New	Registere	d Agent	
		EDED W ID	<u></u>			Name			• · · · · · · · · · · · · · · · · · · ·		, 	
664	5 RIDGE ROA					Street A	ddress (F	P.O. Box Number	is Not Acceptat	ole)		· ·
POF	RT RICHEY F	L 34668						700	0315	527	57	
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	,	omits this statement fo	or the purpos	se of changing its	s registere	ed office o	r registere	ed agent, or both,	in the State of F	Florida. I a	m familiar with	and accept
	e named entity sub tions of registered		or the purpos	se of changing its	s registere	l ed office o	r registere	ed agent, or both,	in the State of F	Florida. I a	m familiar with	i, and accept
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the obligat	tions of registered	agent. Inted name of registored agen EE IS \$61.25			TE: Registered	d Agent signat	ture required			DATE		e to
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. TRENE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TODARO, MAUREEN

1740 FAIRFIELD ST

HOLIDAY FL 34691

OF SIGNING OFFICER OR DIRECTOR