2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 8:00 am Secretary of State

DOCUMENT # 721283 1. Entity Name THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.					03-16-2005	90028 041 ****70.00	
	e of Business ICHUSETTS AVE IEY, FL 34653 US	Mailing Address P.O. BOX 428 NEW PORT RICHEY, FL 3	34656-0428 U	5			
2. Principal P	lace of Business	3. Mailing Address				ili 6 1.1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01112005	Chg-NP	CR2E037 (10/03)	
City & Stat	e	City & State		4. FEI Number 59-137		Applied For Not Applicabl	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Additional Fee Required	
,	~ 6. Name and Address of Current F	legistered Agent		7. Name and	Address of New	Registered Agent	
TORRENO	CE, ALFRED W. JR.		Name				
6645 RIDG			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered agent, or bo	th, in the State of F	lorida. I am familiar with, and accep-	
SIGNATURE .							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating)		DATE	
SIGNATURE .			 	ture required when reinstating)			
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May E Added to Fees		Make check payable to pride Department of State	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

727-841-4200

ATTACHMENT

Additions to the Board of Directors for the Harbor Behavioral Health Care Institute, Inc. Document # 721283

Thomas Dobies - Director 4910 Bartelt Road Holiday, FL 34690

Roger Graves - Director 3004 Radford circle Palm Harbor, FL 34685

Mike Hensley - Director Hernando County Sheriff's Department 18900 Cortez Boulevard Brooksville, FL 34601

Bob Kimbrough - Director Pasco County Sheriff's Department 8700 Citizen Drive New Port Richey, FL 34654

Karla Owens - Director 38010 East Meridian Dade City, FL 33526

Irene Rickus - Director 7809 Massachusetts Avenue New Port Richey, FL 34653