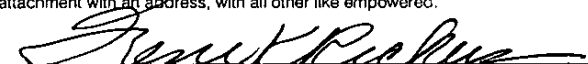


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90054 030 ****70.00

DOCUMENT # 721283 1. Entity Name THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.					
Principal Place of Business 7809 MASSACHUSETTS AVE NEW PT RICHEY, FL 34653 US			Mailing Address 6645 RIDGE ROAD PORT RICHEY, FL 34668 US		
2. Principal Place of Business		3. Mailing Address PO Box 428			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State New Port Richey, FL			
Zip	Country	Zip 34656	Country U.S.	4. FEI Number 59-1371752	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORRENCE, ALFRED W. JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHESNUT, PHILIP 6331 GARLAND CT NEW PORT RICHEY, FL 34652 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUTHIER, A. RUTH 6936 MESA VERDESS PORT RICHEY, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Donna D. Norris 13288 Brysdale St. Spring Hill, FL 34609 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNETT, BEVERLY 6220 MISSOURI AVE NEW PORT RICHEY, FL 34653 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WHITEHOUSE, MARY E 20 N. MAIN ST. BROOKSVILLE, FL 34601 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Hensley 18900 Cortez Blvd Brooksville, FL 34601 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HELIE, KING 3707 CORSAIR COURT NEW PORT RICHEY, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODARO, MAUREEN 1740 FAIRFIELD ST HOLIDAY, FL 34691 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irene Rickus 7809 Massachusetts Ave New Port Richey, FL 34653 ☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			2/27/06 727-841-4200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40028643

~~#721283~~

Additional Board of Directors for Harbor Behavioral Health Care Institute, Inc.

January 1, 2006 - December 31, 2006

Document # 721283

Bob Kimbrough - D
8700 Citizen Drive
New Port Richey, FL 34654

Karla Owens - D
P.O. Box 1355
Dade City, FL 33526

Roger Graves - D
3004 Radford Circle
Palm Harbor, FL 34685

Thomas Dobies - D
4910 Bartelt Road
Holiday, FL 34690



ATTACHMENT 40028 643

#721283

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.

P.O. BOX 428, NEW PORT RICHEY, FL 34656-0428 (727) 841-4200 FAX (727) 841-4354 WWW.THEHARBOR-BHCI.ORG

March 9, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Enclosed Annual Report Renewals

To Whom It May Concern:

Please send the requested Certificates of Status to the attention of Debi Ulrey, Contracts, Harbor BHCI, Inc., P.O. Box 428, New Port Richey, FL, 34656.

If there are any questions, please contact me at (727) 841-4207, ext 226 or e-mail at Debi.Ulrey@baycare.org.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Debi Ulrey".

Debi Ulrey
Contracts

:du

Enclosures