

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004715

1. Entity Name
HARMONY BEHAVIORAL HEALTH, INC.



FILED

05 APR 15 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6800 N. DALE MABRY HIGHWAY, SUITE 168
TAMPA, FL 33614

Mailing Address
6800 N. DALE MABRY HIGHWAY, SUITE 168
TAMPA, FL 33614

2. Principal Place of Business
8735 HENDERSON ROAD, REN 2

3. Mailing Address
8735 HENDERSON ROAD, REN 2



02222005 Chg-P CR2E034 (10/03)

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
81-0633930

Applied For
Not Applicable

Zip
33634

Country
USA

Zip
33634

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME FARHA, TODD S
STREET ADDRESS 6800 N. DALE MABRY HIGHWAY, SUITE 168
CITY-ST-ZIP TAMPA, FL 33614

TITLE D ☒ Delete
NAME FARHA, TODD S
STREET ADDRESS 6800 N. DALE MABRY HIGHWAY, SUITE 168
CITY-ST-ZIP TAMPA, FL 33614

TITLE VAST ☐ Delete
NAME SMITH, DAVID K
STREET ADDRESS 6800 N. DALE MABRY HIGHWAY, SUITE 168
CITY-ST-ZIP TAMPA, FL 33614

TITLE TD ☐ Delete
NAME BEHRENS, PAUL L
STREET ADDRESS 6800 N DALE MABRY HWY, STE. 168
CITY-ST-ZIP TAMPA, FL 33614

TITLE VSD ☐ Delete
NAME BEREDAY, THADDEUS
STREET ADDRESS 6800 N. DALE MABRY HIGHWAY, SUITE 168
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/CEO/D ☒ Change ☐ Addition
NAME FARHA, TODD S.
STREET ADDRESS 8735 HENDERSON ROAD, REN 2
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME 100050929931
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S/T/D ☒ Change ☐ Addition
NAME SMITH, DAVID
STREET ADDRESS 8735 HENDERSON ROAD, REN 2
CITY-ST-ZIP TAMPA, FL 33634

TITLE CFO/T/D ☒ Change ☐ Addition
NAME BEHRENS, PAUL L.
STREET ADDRESS 8735 HENDERSON ROAD, REN 2
CITY-ST-ZIP TAMPA, FL 33634

TITLE S/D ☒ Change ☐ Addition
NAME BEREDAY, THADDEUS
STREET ADDRESS 8735 HENDERSON ROAD, REN 2
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

4/12/05 813-290-6353

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 315782 7105070

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 158.75

ORDER DATE : April 14, 2005

ORDER TIME : 2:41 PM

ORDER NO. : 315782-030

CUSTOMER NO: 7105070

CUSTOMER: Ms. Sandra L. Blake
Greenberg Traurig, P.a.
Suite 500
800 Connecticut Avenue, N.w.
Washington, DC 20006

ANNUAL REPORT FILING

NAME: HARMONY BEHAVIORAL HEALTH,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

US APR 15 PM 4:19
100-456789-003