2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2007
Secretary of State

DOCUMENT# L05000113369

Entity Name: HARMONY MENTAL HEALTH AND BEHAVIORAL SERVICES, LLC

Current Principal Place of Business:

3011 STILLWATER DRIVE
KISSSIMMEE, FL 34743

New Principal Place of Business:

6021 WEDGEWOOD CIRCLE
ORLANDO, FL 32808

Current Mailing Address:

3011 STILLWATER DRIVE
KISSSIMMEE, FL 34743

New Mailing Address:

6021 WEDGEWOOD CIRCLE
ORLANDO, FL 32808

FEI Number: 51-0562373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, ROBIN L
6021 WEDGEWOOD CIRCLE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FANFAN, SCHELLIE M
Address: 3011 STILLWATER DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR ( ) Delete
Name: JOHNSON, ROBIN L
Address: 6021 WEDGEWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCHELLIE M. FANFAN MS. 06/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date