

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113369

FILED
Oct 20, 2009
Secretary of State

Entity Name: HARMONY MENTAL HEALTH AND BEHAVIORAL SERVICES, LLC

Current Principal Place of Business:

6021 WEDGEWOOD CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 585509
ORLANDO, FL 32858

New Mailing Address:

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:

Name and Address of New Registered Agent:

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

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: ROBIN WILLIAMS

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: WILLIAMS, 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 FANFAN

MGR

10/20/2009

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