

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000113369

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** HARMONY MENTAL HEALTH AND BEHAVIORAL SERVICES, LLC

**Current Principal Place of Business:**

927 S. GOLDWYN AVE  
SUITE 204  
ORLANDO, FL 32805

**New Principal Place of Business:**

927 S. GOLDWYN AVE  
SUITE 128  
ORLANDO, FL 32805

**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)**

**Name and Address of Current Registered Agent:**

WILLIAMS, ROBIN L  
11713 OTTAWA AVE  
ORLANDO, FL 32837 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  
Name: FANFAN, SCHELLIE M  
Address: 3011 STILLWATER DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR  
Name: WILLIAMS, ROBIN L  
Address: 11713 OTTAWA AVE  
City-St-Zip: ORLANDO, FL 32837

I hereby 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: ROBIN L WILLIAMS

MGR

04/30/2012

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