## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000116631

City-St-Zip:

Entity Name: HARMONY REHAVIORAL HEALTH OF ELORIDA INC

FILED Feb 28, 2007 Secretary of State

Entity Name: HARM	NONT BEHAVIORAL HEALTH OF	FLORIDA, INC.	
Current Principal Pl	ace of Business:	New Principal Place of Business:	
8725 HENDERSON F TAMPA, FL 33634	RD REN.1		
Current Mailing Address:		New Mailing Address:	
8735 HENDERSON F TAMPA, FL 33634	RD REN. 2		
FEI Number: 20-5551126	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and Address	of Current Registered Agent:	Name and	Address of New Registered Agent:
CORPORATION SEF 1201 HAYS STREET TALLAHASSEE, FL			
The above named enin the State of Florida		purpose of changing i	its registered office or registered agent, or both,
SIGNATURE:			
	tronic Signature of Registered Ag	ent	Date
Election Campaign Final	ncing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	DVPT () Change (X) Addition BEHRENS, PAUL L 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 US
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	DVPS ( ) Change (X) Addition BEREDAY, THADDEUS M 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 US
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	DVP ( ) Change (X) Addition SMITH, DAVE K 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 US
Title: Name: Address:	( ) Delete	Title: Name: Address:	P ( ) Change (X) Addition FARHA, TODD S 8735 HENDERSON ROAD REN 2

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address: City-St-Zip:

TAMPA, FL 33634 US

SIGNATURE: THADDEUS BEREDAY S 02/28/2007