

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000022649 (5)

95 JUN 13 AM 10:37

1. Corporation Name

HARMONY HEALTH CARE, INC.

Principal Place of Business

Mailing Address

P O BOX 1620
ELFERS FL 34680

P O BOX 1620
ELFERS FL 34680

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/18/1994

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for franchise tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4819 SR 54

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 New Port Richey

28

Zip

Country

Zip

Country

24 FL

25 Pasco

29 34652

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCE, MARK A
6400 MADISON STREET
NEW PORT RICHEY FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DARLINGTON, MARY A
STREET ADDRESS 5834 1ST AVE
CITY- ST- ZIP NEW PORT RICHEY FL 34652

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am president or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary A. Darlington Pres. 6/6/95 815-841-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR