

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000022649**

1. Entity Name

**HARMONY HEALTH CARE, INC.****FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90040 026 \*\*\*150.00

Principal Place of Business

**4819 SR 54  
NEW PORT RICHEY FL 34680  
US**

Mailing Address

**P O BOX 1620  
ELFERS FL 34680-1620  
US****B0020525**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3239808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLETON, MARK C  
9035 SEELEY LN  
HUDSON FL 34669**

Name

**Middleton, Mark C.**

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

**11619 Eastern Star Ct.**

City

**New Port Richey****FL**

Zip Code

**34654**

8. 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Mary Ann Darlington-President 2-00 727-841-7066**