## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000022649

Entity Name: HARMONY HEALTH CARE, INC.

FILED Sep 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

4819 SR 54

NEW PORT RICHEY, FL 34680 US

ELFERS, FL 34680 US

New Mailing Address:

P.O. BOX 1620

P O BOX 1620

ELFERS, FL 34680 US

**Current Mailing Address:** 

FEI Number: 59-3239808 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MIDDLETON, MARK C 10649 EVENINGWOOD CT NEW PORT RICHEY, FL 34655 US DARLINGTON, MARYANN P.O. BOX 1620 ELFERS, FL 34680 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: MARYANN DARLINGTON 09/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DARLINGTON, MARY A
 Name:

 Address:
 3821 SARAZEN DRIVE
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARYANN DARLINGTON D 09/23/2004