

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111327

Entity Name: HARMONY BEHAVIORAL HEALTH, INC.**Current Principal Place of Business:**8735 HENDERSON RD
TAMPA, FL 33634**Current Mailing Address:**8735 HENDERSON RD
TAMPA, FL 33634**FEI Number:** 20-3320236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT, CFO
Name	ASHER, ANDREW L
Address	8735 HENDERSON RD
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR
Name	HAKIM, ANAT
Address	8735 HENDERSON RD
City-State-Zip:	TAMPA FL 33634

Title	VP, ASST. SECRETARY
Name	HABER, MICHAEL W.
Address	8735 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634

Title	VP, ASST. TREASURER, CAO
Name	MEYER, MICHAEL T.
Address	8735 HENDERSON RD
City-State-Zip:	TAMPA FL 33634

Title	VP, TREASURER
Name	JANKOVIC, GORAN
Address	8735 HENDERSON RD.
City-State-Zip:	TAMPA FL 33634

Title	VP, SECRETARY
Name	MEYER, TAMMY L
Address	8735 HENDERSON RD
City-State-Zip:	TAMPA FL 33634

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W HABER**ASSISTANT SECRETARY** 03/01/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date