

5-1-98 B 6202 C

FILE NOW: FILING FEE, AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006264 (2)**  
1. Corporation Name  
**WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.**

Principal Place of Business <b>ONE VETERANS SQUARE, SUITE 106 MEDIA PA 19063</b>	Mailing Address <b>ONE VETERANS SQUARE, SUITE 106 MEDIA PA 19063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>11300 US 19 North</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1965 Rochambeau Dr.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Clearwater, FL</b>	27 City & State 28 <b>MALVERN, PA</b>
24 Zip <b>33746</b> 25 Country <b>USA</b>	29 Zip <b>19355</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>11/26/1997</b>	Applied For Not Applicable
4. FEI Number <b>59-3480410</b> <del>NOT APPLICABLE</del>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MUNROE, W B  
239 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRETT, C W PHD</b>	
STREET ADDRESS	<b>1801 OLD RIDGE ROAD</b>	
CITY - ST - ZIP	<b>POTTSTOWN PA 19484</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDLER, KENNETH R MD</b>	
STREET ADDRESS	<b>1965 ROCHAMBEAU DRIVE</b>	
CITY - ST - ZIP	<b>MALVERN PA 19355</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/28/98 813-541-2646

CR2E034 (10/97)