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

0008163

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 13, 1999 8:00 am
Secretary of State
03-13-1999 90002 033 ***450.00

DOCUMENT # F97000006264

1. Corporation Name

WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

Principal Place of Business	Mailing Address
11300 US 19 N CLEARWATER FL 33746 US	1965 ROCHAMBEAU DR MALVERN P 19355 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/26/1997

4. FEI Number — **NOT APPLICABLE** — Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	21		**2a.** Mailing Address	26			
Suite, Apt. #, etc.	22		Suite, Apt. #, etc.	27			
City & State	23		City & State	28			
Zip	24	Country	25	Zip	29	Country	30

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
MUNROE, W B 239 EAST VIRGINIA STREET TALLAHASSEE FL 32301	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 title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	DELETE	**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE **PDS** NAME **BRETT, C W PHD** STREET ADDRESS **1601 OLD RIDGE ROAD** CITY-ST-ZIP **POTTSTOWN PA 19464**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VTD** NAME **SANDLER, KENNETH R MD** STREET ADDRESS **1965 ROCHAMBEAU DRIVE** CITY-ST-ZIP **MALVERN PA 19355**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _Kathy Schulp_   1/11/98   667-8237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #