

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90007 024 \*\*\*150.00

**DOCUMENT #** F97000006264 (2)

1. Entity Name  
 WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

11300 U.S. 19 NORTH 11300 U.S. 19 NORTH

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CLEARWATER, FL CLEARWATER, FL

Zip Country Zip Country

33764 USA 33764 USA

4. FEI Number Applied For

59-3480410 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLANTON, EDWIN, F.  
 825 THOMASVILLE ROAD  
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 *William Brett, Ph.D.* DATE 5/5/2000

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PDS	<input type="checkbox"/> Delete
NAME	BRETT, C.W., Ph.D.	
STREET ADDRESS	19920 GULF BLVD., #7	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	VTO	<input type="checkbox"/> Delete
NAME	SANDLER, KENNETH, R., M.D.	
STREET ADDRESS	1965 ROCHAMBEAU DRIVE	
CITY-ST-ZIP	MALVERN, PA 19355	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NOTE ADDRESS CHANGE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NOTE ADDRESS CHANGE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *William Brett, Ph.D.* DATE: 5/5/2000 DAYTIME PHONE #: 727-541-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)