

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006264

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

**Current Principal Place of Business:**

11300 US 19 N  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

11300 US 19 NORTH  
CLEARWATER, FL 33764 US

**Current Mailing Address:**

11300 US 19 N  
CLEARWATER, FL 33764 US

**New Mailing Address:**

11300 US 19 NORTH  
CLEARWATER, FL 33764 US

FEI Number: 59-3480410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MUNROE, W B  
239 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: BRETT, C W PHD  
Address: 1601 OLD RIDGE ROAD  
City-St-Zip: POTTSTOWN, PA 19465

Title: VTD ( ) Delete  
Name: SANDLER, KENNETH R MD  
Address: 1965 ROCHAMBEAU DRIVE  
City-St-Zip: MALVERN, PA 19355

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: C. WILLIAM BRETT

DR.

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date