2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000006264

1 Entity Name

SIGNATURE:

WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.



FILED Feb 20, 2007 8:00 am Secretary of State

02-20-2007 90049 010 ***150.00

| Principal Place of Business 840 CRESCENT CENTRE OR SUITE 400 S | | | | | | | | | | | | | | |
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| SUIT 460 FRANKII, IN 37067 US PRANKII, IN 3 | Principal Place of Business | | | Mailing Address | | | | | | | | | | |
| PRANKLIN TN 37067 US 2. Principal Place of Bischese - No P.O. Box 8 84840 Carothers Perkway, Sulte 500 Sulte, Apt. 4, etc. City & State Franklin, TN Franklin, | i ' | | | • | | | | | · - | - | 1 | | | |
| 2. Principal Packed of Susinese - No POL Box # 8640 Carothers Parkway, Suite 500 Sate, Apt. 4, etc. Sate, Apt. 4, etc. City & State Carothers Parkway, Suite 500 City & State Franklin, TN City & State Franklin, TN City & State City & | | | | | | | | , | e- 1 s P | s se e reft i | 1 | | | |
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| Suite, Apt. F, etc. Suite, Apt. F, etc. Suite, Apt. F, etc. O2142007 Chg-P CR2E034 (12/06) City & Suite Franklin, Th Franklin, Th Franklin, Th Franklin, Th Franklin, Th Sp-3460410 More Applicable Sp-75 Addition Sp-7 | • | | | • | | | | | | | i ii 1111 111 | | | |
| City & Statio Frankin, TN City & Statio Frankin, TN Country 37067 Country 3706 | | | | | | | | | 00440007 | O' 5 | 000000 | 4 (40(00) | | |
| Franklin, TN | | | | | | | | | 02142007 | Cng-P | CRZEU3 | | | |
| S. Name and Address of Current Registered Agent Fee Required Name NAME NAME NAME NAME NAME NAME NAME NAME | | | | * | | | | | | | | | | |
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| ### City | | | | | | | Street Address (P.O. Box Number is No | | | er is Not Acceptable) | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature lipsed of press named inequisered agent and libr / appreciate. MOTE Registered Agent requires required requirement agent and libr / appreciate. MOTE Registered Agent requirement requireme | | EI 2222 | 1 | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STELL NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | WESTON, | | | Other. | | | | | | Zio Code | | | | |
| THE ODIGIDATIONS of registered agent. SIGNATURE Spraware speed or printed name at registered agent and site 4 agenticable. (ICCTE Registered Agent algrounder recovers under a remaining) PLEE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT III BRETT, C W PHD SIREST ADDRESS CITY-SI-2P POTTSTOWN, PA 19465 CITY-SI-2P TITE VTD SANDLER, KENNETH R MD SIREST ADDRESS CITY-SI-2P MALVERN, PA 19355 CITY-SI-2P Delete TITE MME SIREST ADDRESS CITY-SI-2P MALVERN, PA 19355 CITY-SI-2P Delete TITE MME SIREST ADDRESS CITY-SI-2P TITE MME SIREST ADDRESS CITY-SI-2P TITE MME SIREST ADDRESS CITY-SI-2P TITE WARE | | | | | | | | Ally | | | | FL Zip Code | | |
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| ### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PDS BRETT, C W PHD BRETT, C W PHD STRET ADDRESS 1601 OLD RIDGE ROAD POTTSTOWN, PA 19465 CITY -ST -2P POTTSTOWN, PA 19465 TITLE VTD WALVERN, PA 19355 TITLE NAME STANDLERS, KENNETH R MD STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 19355 TITLE NAME STREET ADDRESS CITY -ST -2P POTTSTOWN, PA 1946100 | | | | | | | | | | | Date | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 odits; that I am an officer or director | ' | | | | | | | | • " | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 | } | | | #-u-n | ☐ Delete | | | Frankl | in, TN 37067 | | | Change | Addition | |
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| 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 | | <u> </u> | | | | | | <u> </u> | | 0.51.11.0 | | | | |
| changed, or on an attachment with an address, with all other like empowered. | indicated of the cor | 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 10 or Block 11 if | | | | | | | | | | | | |

Christopher L. Howard

Date

Daytime Phone #

1342578.1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1342578.1

ATTACHMENT DOCUMENT # F9700006264 WINDMOOR HEALTHCARE OF PINELLAS PARK, INC. Principal Place of Business Mailing Address 840 CRESCENT CENTRE DR 840 CRESCENT CENTRE DR **SUITE 460** SUITE 460 FRANKLIN, TN 37067 FRANKLIN, TN 37067 US 40021367 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6640 Carothers Parkway, Suite 500 6640 Carothers Parkway, Suite 500 Suite, Apt. #, etc. Suite, Apt. #, etc 02142007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEt Number Franklin, TN Franklin, TN 59-3480410 Not Applicable Zip 37067 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 37067 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331 City Zip Code FL 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS Р TITLE Delete TIFLE ☐ Change Addition BRETT, CWPHD NAME NAME Joey A. Jacobs STREET ADDRESS 1601 OLD RIDGE ROAD STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP POTTSTOWN, PA 19465 CITY-ST-ZIP Franklin, TN 37067 TITLE VTD Delete TITLE ☐ Change Addition NAME SANDLER, KENNETH R MD NAME Steven T. Davidson STREET ADDRESS 1965 ROCHAMBEAU DRIVE STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-ZIP Franklin, TN 37067 TITLE ☐ Delete TITLE VЛ ☐ Change ✓ Addition NAME NAME STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP CITY-ST-ZIP Franklin, TN 37067 ☐ Delete TITLE TITLE ☐ Change ٧ Addition NAME STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP CITY-ST-ZIP Franklin, TN 37067 TITLE ☐ Delete TITLE ☐ Change Addition V/S NAME NAME Christopher L. Howard STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP CITY-ST-ZIP Franklin, TN 37067 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if

hristopher L. Howard

2 15 200

Daytime Phone #