

F 97000006264

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000296767 3)))



H070002967673ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
07 DEC 11 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2007 DEC 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

RA Change

12-11-07

X

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Windmoor Healthcare of Pinecliff Park, Inc.
- 2. The principal office address: 840 CRESCENT CENTRE DR SUITS 460 FRANKLIN TN 37067 US
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/26/1997 Document number: F97000006264
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: _____

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. STE. 4
WESTON FL 33331

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Jennifer Shanders, Attorney in Fact
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 
(Signature of Registered Agent)

10/1/2007
(Date)

If signing on behalf of an entity:
Samantha Jones
Assistant Secretary
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (8/05)

FL606 - 09/14/2003 CT System Dallas

FILED
 07 DEC 11 PM 4:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA