


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 014 ***150.00

DOCUMENT # F97000006264

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



Principal Place of Business 840 CRESCENT CENTRE DR SUITE 460 FRANKLIN, TN 37067 US	Mailing Address 840 CRESCENT CENTRE DR SUITE 460 FRANKLIN, TN 37067 US
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2. Principal Place of Business - No P.O. Box # 6640 Carothers Pkwy Suite 500	3. Mailing Address 6640 Carothers Pkwy Suite 500
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01242008 Chg-P CR2E034 (12/06)

City & State Franklin TN	City & State Franklin TN	4. FEI Number 59-3480410	Applied For <input type="checkbox"/> Not Applicable
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Zip 37067	Country USA	Zip 37007	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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. 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 when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME JACOBS, JOEY A	
STREET ADDRESS 6640 CAROTHERS PARKWAY, SUITE 500	
CITY-ST-ZIP FRANKLIN, TN 37067	
TITLE V	<input type="checkbox"/> Delete
NAME DAVIDSON, STEVEN T	
STREET ADDRESS 6640 CAROTHERS PARKWAY, SUITE 500	
CITY-ST-ZIP FRANKLIN, TN 37067	
TITLE Breat	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Brent Turner	
STREET ADDRESS 6640 Carothers Pkwy, Suite 500	
CITY-ST-ZIP Franklin TN 37067	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jack Tolson	
STREET ADDRESS 6640 Carothers Pkwy, Suite 500	
CITY-ST-ZIP Franklin TN 37067	
TITLE S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Christopher L. Howard	
STREET ADDRESS 6640 Carothers Pkwy Suite 500	
CITY-ST-ZIP Franklin TN 37067	
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	

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

SIGNATURE:  **1/28/08** **615-312-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #