2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006265 (9)

1. Entity Name

WINDMOOR HEALTHCARE OF MIAMI, INC.

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90007 025 ***150.00

Principal Place of Business | Mailing Address

B0091376

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1861 N.W. SOUTH RIVER DR.	1861 N.W. SOUTH RIVER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33125 Country: USA	Zip: 33125 Country: USA

4. FEI Number 65-0797480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 C. William Brett Ph.D. 5/5/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS BRETT, C.W., Ph.D. 19920 GULF BLVD., #7 INDIAN SHORES, FL 33785	☐ Delete	NOTE ADDRESS CHANGE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SANDLER, KENNETH, R., M.D. 1965 ROCHAMBEAU DRIVE MALVERN, PA 19355	☐ Delete	NOTE ADDRESS CHANGE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: C. William Brett Ph.D. 5/5/2000 727-541-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #