2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90007 023 ***150.00

DOCUMENT # P97000071062 (8)

1. Entity Name

WINDMOOR HEALTHCARE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business		3. Mailing Address	
11300 U.S. 19 NORTH		11300 U.S. 19 NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLEARWATER, FL		City & State: CLEARWATER, FL	
Zip: 33764	Country: USA	Zip: 33764	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2922437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F.
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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. DATE 5/5/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)

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

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 #