

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000071062		
1. Entity Name WINDMOOR HEALTHCARE INC.		

FILED

06 APR 13 AM 10:29

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11300 US 19TH NO. CLEARWATER, FL 33764 US	Mailing Address 11300 US 19TH NO. CLEARWATER, FL 33764 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

4. FEI Number 23-2922437	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLANTON, EDWIN F. 825 THOMASVILLE RD TALLAHASSEE, FL 32303	
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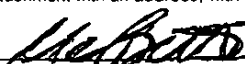
7. Name and Address of New Registered Agent	
Name W. Bradley Munroe	
Street Address (P.O. Box Number is Not Acceptable) 239 East Virginia Street	
City Tallahassee	FL 32301

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.	W. Bradley Munroe (NOTE: Registered Agent signature required when reinstating) 4/10/06 DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BRETT, C W 19920 GULF BLVD #7 INDIAN ROCKS BEACH, FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANDLER, KENNETH R 1965 ROCHAM BEAU DR MALVERN, PA 19355 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	C. William Brett, President Date 4/10/06 B. Mitchell APR 14 2006