Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

WINDMOOR HEALTHCARE INC.

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of Florida		
		stered agent, or both, in the State of Florida.		
1. The name of t	he corporation:	Windmoor Healthcare Inc.		_
2. The principal	office address: 840 Crescent Centre	e Drive, Suite 460		_
		7		
3. The mailing a	•			,
4. Date of incom	oration/qualification: August 15, 198	Document number: P9700007	1062	-
5. The name and		d agent and registered office on file with the		
	Monroe, W. Bradley		信的の	
	239 East Virginia Street			ना
	Tallahassee, FL 32301		また よ	
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	M 3:1	ED
	NRAI Services, Inc.		2 N N N N N N N N N N N N N N N N N N N	
	2731 Executive Park Driv	e, Suite 4	4	
	(P.O. Box. NOT accepts	bbe)		
	Weston, FL 33331			
The street address changed will	ss of its registered office and the stre be identical.	eet address of the business office of its regis	stered agent,	
Such change was authorized by the	is authorized by resolution duly ador to board, or the corporation has been	oted by its board of directors or by an office notified in writing of the change.	r so	
\mathcal{L}	h_	Christopher L. Howard, VP & Se	cretary	
- 2	re of an officer or director)	(Printed of typed panic and otte)		
I nereby accept I further agree of my duties, an ductioned is be- comparation has	the appointment as registered agent o comply with the provisions of all s of I am familiar with and accept the c ng filed merely to reflect a change in them notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete colligation of my position as registered ager the inglistered affice address. I haveby com-	performance it. Or, if this firm that the	
<u> </u>	inspire of Registered Agent)	January 5, 200	27	
If signing on be	half of an entity:			
	yped or Printed Name) SSt. Secretary	FEE: \$35.00 * * *		
. M CR2E045 (8/05)	MAKE CHECKS PAYABLE TO I AIL TO: DIVISION OF CORPORATIONS	Florida Department of State , P.O. Box 6327, Tallahassee, FL 32314		