2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000071062

1. Entity Name

WINDMOOR HEALTHCARE INC.



FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90049 011 ***150.00

Principal Place	e of Business		Mailing Address									
840 CRESCENT CENTRE DR., STE. 460 FRANKLIN, FL 37067 US			840 CRESCENT CENTRE DR., STE. 460 Franklin, Fl. 37067 US					g Aris - Fire				
Principal Place of Business - No P.O. Box # Mailing Address												
,		ay, Suite 500	6640 Carothers Parkway, Suite 500						e 1 1311 11			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					02142007	Chg-P	CR2E03	4 (12/06)	
City & State Franklin, TN			City & State Franklin, TN				4. FEI Number 23-2922437			Applied For Not Applicable		
Zip 3 7067				Zip Count 37067 USA			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent 7. Name and Address of I									istered A	gent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331						Name Street Address (P.O. Box Number is Not Acceptate						
						City				FL	Zip Cod	e
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 Florid the obligations of registered agent.											l miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)										DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	OFFICERS AND DIRECTORS 11.							ADDITIONS	CHANGES TO OFFIC	ERS AND I	DIRECTOR	
TITLE NAME	PDS Delete IIITLE						P Joey A. Ja	acoba			Change	Addition
STREET ADDRESS	BRETT, C W NAM 19920 GULF BLVD #7					T ADDRESS		others Parkway, Su	ite 500			
CITY-ST-ZIP						ST-ZIP		TN 37067				
TITLE	VTD □ Delete TITLE						٧			İ	Change	Addition
NAME STREET ADDRESS	SANDLER, KENNETH R					T ADDRESS		T. Davidson				
CITY-ST-ZIP						ST-ZIP		others Parkway, Su TN 37087				
TITLE	Delete						V/T				☐ Change	Z Addition
NAME	NAM						Jack Polson					
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP		others Parkway, Su	ite 500			
TITLE	Delete 11TLE					0. 2.	Franklin, V	TN 37067		<u>[</u>	☐ Change	√ Addition
NAME	NAM NAM						Brent Turn	ner				
STREET ADDRESS						I ADDRESS	6640 Car	rothers Parkway, Su	ite 500			
CITY-ST-ZIP TITLE				☐ Delete	CITY-S	31-24	Franklin, V/S	TN 37067			☐ Change	✓ Addition
NAME				L Delete	NAME			er L. Howard			Change	₩_ Addition
STREET ADDRESS						T ADDRESS	6640 Car	rothers Parkway, Su	ite 500			
CITY-ST-ZIP					CITY-S	ST-ZIP	Franklin,	TN 37067				
TITLE NAME			1	Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS					•	T ADDRESS						
CITY-ST-ZIP					CITY-S	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 changed, or on an attachment with an address, with all other like empowered.												or director
SIGNAT	URE: _					CL.H	owe	ard	2/15/200			
1342588.1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date										Daytime Phone #		

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1342588.1

ATTACHMENT DOCUMENT # P97000071062 1. Entity Name WINDMOOR HEALTHCARE INC. Principal Place of Business Mailing Address 840 CRESCENT CENTRE DR., STE. 460 840 CRESCENT CENTRE DR., STE. 460 FRANKLIN, FL 37067 US FRANKLIN, FL 37067 US 40021366 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6640 Carothers Parkway, Suite 500 6640 Carothers Parkway, Suite 500 Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 23-2922437 Not Applicable Franklin, TN Franklin, TN Country Country \$8.75 Additional 5. Certificate of Status Desired 37067 37067 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS TITLE TITLE ☐ Change Addition Delete NAME BRETT, CW NAME Joey A. Jacobs 19920 GULF BLVD #7 STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP Franklin, TN 37067 Addition TITLE Delete TITLE ☐ Change NAME SANDLER, KENNETH R Steven T. Davidson NAME STREET ADDRESS 1965 ROCHAM BEAU DR STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-ZIP Franklin, TN 37067 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP CITY-ST-ZIP Franklin, TN 37067 Delete ✓ Addition TITLE Change Brent Tumer NAME NAME STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-ZIP CITY-ST-ZIP Franklin, TN 37067 Addition Delete TITLE ☐ Change V/S NAME NAME Christopher L. Howard STREET ADDRESS STREET ADDRESS 6640 Carothers Parkway, Suite 500 CITY-ST-7IP CITY-ST-ZIP Franklin, TN 37067 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

<u>Christopher L.</u> Howard

Daytime Phone #