2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P97000071062 02-20-2008 90010 008 ***158.75 1. Entity Name WINDMOOR HEALTHCARE INC. Principal Place of Business Mailing Address THUROI. 840 CRESCENT CENTRE DR., STE, 460 840 CRESCENT CENTRE DR., STE. 460 FRANKLIN, TN 37067 US FRANKLIN, TN 37067 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6640 Carothers Pilium 6640 Carothers Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-P CR2E034 (12/06) <u>suite</u> ute Applied For City & State City & State 4. FEI Number Franklin Franklin 23-2922437 Not Applicable Zip \$8.75 Additional 3วิ่งัน 5. Certificate of Status Desired 067 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President + Director PDS TITLE 💢 Delete TITLE Joey A Jacobs 6440 Carothers Prumy Suite 600 BRETT, CW NAME NAME STREET ADDRESS 19920 GULF BLVD #7 STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP 37067 Franklin TW VTD TITLE Delete Secretary + Director Addition SANDLER, KENNETH R NAME Christopher C. Howard with too well canothers privy, suite too NAME 1965 ROCHAM BEAU DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-7IP Franklin TN 37067 TITLE ☐ Delete TITLE Treasurer ☐ Change Addition Jack Polson 1940 Carothers Pkery NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tranklin TU 37067 TITLE ☐ Delete ☐ Change Addition TITLE Vice President NAME NAME Brent Turner Jewy Carothers Pkwy Swite 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Franklin TH 37067 CITY-ST-ZIP TITLE Delete TITLE Nice President Donigson? NAME NAME Steven Τ. STREET ADDRESS STREET ADDRESS runto Carothers Plusy Franklin IN 37047 CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED Feb 20, 2008 8:00 am