## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000071062

Entity Name: WINDMOOR HEALTHCARE INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	OTHERS PKV N, TN 37067	/Y STE 500 US		
Current Mailing Address:			New Mailing Address:	
	OTHERS PKV N, TN 37067	/Y STE 500 US		
FEI Number	: 23-2922437	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Age	ent	Date
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	JACOBS, JOE	ERS PKWY STE 500	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	HOWARD, CH	ERS PKWY STE 500	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	POLSON, JACI	ERS PKWY STE 500	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	TURNER, BRE	ERS PKWY STE 500	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	DAVIDSON, ST	ERS PKWY STE 500	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L HOWARD SEC 05/01/2009