

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071062

FILED
Feb 18, 2011
Secretary of State

Entity Name: WINDMOOR HEALTHCARE INC.

Current Principal Place of Business:

6640 CAROTHERS PKWY STE 500
FRANKLIN, TN 37067 US

New Principal Place of Business:

367 S. GULPH RD.
KING OF PRUSSIA, PA 19406 US

Current Mailing Address:

6640 CAROTHERS PKWY STE 500
FRANKLIN, TN 37067 US

New Mailing Address:

367 S. GULPH RD.
KING OF PRUSSIA, PA 19406 US

FEI Number: 23-2922437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: OSTEEN, DEBRA K
Address: 367 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPD
Name: FILTON, STEVE
Address: 367 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPD
Name: HARROD, LARRY
Address: 367 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S
Name: KLEIN, MATTHEW D
Address: 367 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T
Name: RAMAGANO, CHERYL K
Address: 367 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW D. KLEIN

SEC

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date