2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2024
Secretary of State
9288187540CC

DOCUMENT# P97000071062

Entity Name: WINDMOOR HEALTHCARE INC.

Current Principal Place of Business:

11300 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764

Current Mailing Address:

11300 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764 US

FEI Number: 23-2922437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

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: MICHELLE DISBROW 04/29/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VPD	Title	S
Name	FILTON, STEVE	Name	KLEIN, MATTHEW D
Address	367 S. GULPH RD.	Address	367 S. GULPH RD.
City-State-Zip:	KING OF PRUSSIA PA 19406	City-State-Zip:	KING OF PRUSSIA PA 19406
Title	T	Title	PD
Name	RAMAGANO, CHERYL K	Name	PETERSON, MATT
Address	367 S. GULPH RD.	Address	367 S. GULPH RD.
City-State-Zip:	KING OF PRUSSIA PA 19406	City-State-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: STEVE FILTON VICE PRESIDENT 04/29/2024

Electronic Signature of Signing Officer/Director Detail — Date