

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

04/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	PD
Name	PETERSON, MATT
Address	367 S. GULPH RD.
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

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date