

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000006264

**Entity Name:** WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3480410**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title SEC  
Name KLEIN, MATTHEW D  
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: MATTHEW D. KLEIN**

**SECRETARY**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date