2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000016325

1. Entity Name
WINDSOR MEDICAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4805 NORTH DIXIE HWY. FT. LAUDERDALE, FL 33334	240 TORCHWOOD AVENUE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

04082007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1076662		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINDSOR, RAYMOND M
240 TORCHWOOD AVENUE
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	O
NAME	WINDSOR, RAYMOND M
STREET ADDRESS	240 TORCHWOOD AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000700972
04/20/07-80037-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   7/09/07   (954)374-1196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #