

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002499

FILED
Jan 23, 2006
Secretary of State

Entity Name: WINDMILL PSYCHIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

17180 ARVIDA PKWY
SUITE C
WESTON, FL 33326

New Principal Place of Business:

17180 ROYAL PALM BLVD
SUITE C
WESTON, FL 33326

Current Mailing Address:

17180 ARVIDA PKWY
SUITE C
WESTON, FL 33326

New Mailing Address:

17180 ROYAL PALM BLVD
SUITE C
WESTON, FL 33326

FEI Number: 06-1677722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINTZ, DEVRA C
Address: 100 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MINTZ, DEVRA C
Address: 100 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEVRA C. MINTZ

DR.

01/23/2006

Electronic Signature of Signing Officer or Director

Date