

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000002499

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** WINDMILL PSYCHIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

17180 ROYAL PALM BLVD  
SUITE 3  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

17180 ROYAL PALM BLVD  
SUITE 3  
WESTON, FL 33326

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** MINTZ, DEVRA C  
**Address:** 100 DOCKSIDE CIRCLE  
**City-St-Zip:** WESTON, FL 33327

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:** DEVRA C. MINTZ, M.D.

DR.

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date