

P97000071062

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
Fax Number : (850) 878-5926

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REGISTERED AGENT CHANGE

WINDMOOR HEALTHCARE INC.

Certificate of Status	0
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Page Count	0/3
Estimated Charge	\$35.00

RECEIVED

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11/6/07
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10/10/2007



October 11, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WINDMOOR HEALTHCARE INC.
840 CRESCENT CENTRE DR., STE. 460
FRANKLIN, FL 37067US

SUBJECT: WINDMOOR HEALTHCARE INC.
REF: P97000071062

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

OUR RECORDS REFLECT THE CURRENT REGISTERED AGENT BEING NRAI SERVICES, INC. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY.

PLEASE LIST THE NAME AND TITLE OF THE OFFICER/DIRECTOR FOR WHICH THE ATTORNEY IN FACT (SAMANTHA JONES) IS SIGNING ON BEHALF OF.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H07000251276
Letter Number: 007A00059788

P.O BOX 6327 - Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Windmoor Healthcare Inc.
2. The principal office address: 840 CRESCENT CENTRE DR SUITE 460 FRANKLIN TN 37067
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/15/1997 Document number: P97000071062

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

NRAI Services, Inc

2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Samantha Jones Attorney-In-Fact
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

By: GT Corporation System
(Signature of Registered Agent)

10/1/2007

(Date)

If signing on behalf of an entity:

Erin McBrearty
Assistant Secretary

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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