2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State
02-20-2008 90010 008 ***158.75

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1. Entity Name
WINDMOOR HEALTHCARE INC.

Principal Place of Business	Mailing Address
840 CRESCENT CENTRE DR., STE. 460 FRANKLIN, TN 37067 US	840 CRESCENT CENTRE DR., STE. 460 FRANKLIN, TN 37067 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6640 Carothers Pkwy	6640 Carothers Pkwy
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Franklin TN	City & State: Franklin TN
Zip: 37067 Country: USA	Zip: 37067 Country: USA

01242008 Chg-P CR2E034 (12/06)

4. FEI Number 23-2922437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS BRETT, C W 19920 GULF BLVD #7 INDIAN ROCKS BEACH, FL 33785	☒ Delete	President + Director Joey A Jacobs 6640 Carothers Pkwy Suite 500 Franklin TN 37067	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SANDLER, KENNETH R 1965 ROCHAM BEAU DR MALVERN, PA 19355	☒ Delete	Secretary + Director Christopher C. Howard 6640 Carothers Pkwy, Suite 500 Franklin TN 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Treasurer Jack Polson 6640 Carothers Pkwy Suite 500 Franklin TN 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President Brent Turner 6640 Carothers Pkwy Suite 500 Franklin TN 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President Steven T. Davidson 6640 Carothers Pkwy Suite 500 Franklin TN 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 1/28/08 615-312-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #