Entity Name: WINDMOOR HEALTHCARE OF PINELLAS	PARK, INC	
Current Principal Place of Business: 367 S. GULPH RD. KING OF PRUSSIA, PA 19406		
Current Mailing Address:		
367 S. GULPH RD. KING OF PRUSSIA, PA 19406		
FEI Number: 59-3480410		Certifie
Name and Address of Current Registered Agent:		
CORPORATE SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US		
The above named entity submits this statement for the purpose of changing its reg	nistered office or re	egistered ageni
SIGNATURE:		
Electronic Signature of Registered Agent		
Officer/Director Detail :		
Title VP, DIRECTOR	Title	PRESID
	Current Principal Place of Business: 367 S. GULPH RD. KING OF PRUSSIA, PA 19406 Current Mailing Address: 367 S. GULPH RD. KING OF PRUSSIA, PA 19406 FEI Number: 59-3480410 Name and Address of Current Registered Agent: CORPORATE SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its reg SIGNATURE: Electronic Signature of Registered Agent Officer/Director Detail :	367 S. GULPH RD. KING OF PRUSSIA, PA 19406 Current Mailing Address: 367 S. GULPH RD. KING OF PRUSSIA, PA 19406 FEI Number: 59-3480410 Name and Address of Current Registered Agent: CORPORATE SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or residence of the complexity of Registered Agent CIRCINATURE: Electronic Signature of Registered Agent Officer/Director Detail :

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9700006264

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.

VICE PRESIDENT

SIGNATURE: STEVE FILTON

Electronic Signature of Signing Officer/Director Detail

04/07/2023 Date

FILED Apr 07, 2023 Secretary of State 0049218024CC

Date

icate of Status Desired: Yes

nt, or both, in the State of Florida.

DENT, DIRECTOR FILTON, STEVE T FILTON, STEVE Name Name Address 367 S. GULPH RD. Address 367 S. GULPH RD. City-State-Zip: KING OF PRUSSIA PA 19406 City-State-Zip: KING OF PRUSSIA PA 19406 Title SEC Title Т Name KLEIN, MATTHEW D RAMAGANO, CHERLY K Name 367 S. GULPH RD. 367 S. GULPH RD. Address Address City-State-Zip: KING OF PRUSSIA PA 19406 City-State-Zip: KING OF PRUSSIA PA 19406