530263

CT CORPORATION SYSTEM					
Requestor's Name 660 East Jefferson Sti	reet				
Address Tallahassee, FL 32301	1 222-1092		•		
City State Zip	Phone			~.~ ~	
CORPORATION(S) NAME		6000023022167 -09/24/9701062016 *****35.00 *****35.00			
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CR2E031 (1-S9)			~ MANES	E S	

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida— submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Psychiatric Associates, Inc.			
1b. Date of incorporation 3/28/77 Document number	⊒ 5		-
2. The name and address of the current registered agent and office:	ECRET/ LLAHA	7 SEP 24	.,a !
Prentice Hall Corp. Systems, 1201 Hays Street			, ;;
Tallahassee, FL 32301	EF.	PH	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	IAIL ORIDA	2: 38	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation,	Flori	da :	3332
Such change was authorized by resolution duly adopted by its board of director an officer so authorized by the board. Robert A. Quimetto Assista Typed or printed name and title		-	ary
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTE AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO CO	NATE		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00**