F78278

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
1				
}				
1				
}				

Office Use Only



900050001399

04/08/05--01010--022 **35.00

R.A. Charle C. Coulliette APR 1 5 2005

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive Suite 260 Duluth, Georgia 30096 800-277-9977 / Fax 800-815-0477

April 7, 2005

FILING TRANSMITTAL LETTER

Secretary of State Amendment Section 409 E. Gaines Street Tallahassee, FL 32399

Phone: 850-488-9000

RE: Gulf Coast Treatment Center, Inc. Ramsay Managed Care, Inc. Ramsay Treatment Services, Inc. Premier Behavioral Solutions, Inc.

Dear Filing Officer:

Please find the enclosed:

- 1. Two (2) copies of change of Registered Agent/Office for the above entities;
- 2. Our check each in the amount of \$35.00 to cover the filing fee; and
- 3. Self-addressed envelope for return of evidence.

If you have any questions, or require anything further, please contact me toll free at 1-800-277-9977. Thank you for your assistance.

Very truly yours,

Stephanie Thomas

Paranet Job No. 05-04-0048

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

	provisions of sections 607.0302, 617.0302, 60		•
~	tted for a corporation organized under the law ristered office or registered agent, or both, in		in oraer
1. The name of	he corporation: Gulf Coast Treatment Cen	ter, Inc.	<u>.</u>
	office address: 113 Seaboard Lane, Suite (
<u></u>	<u> </u>	<u> </u>	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 4/29/82	_Document number: F78278	
	I street address of the current registered agent tment of State:	and registered office on file with the	Bred.
	Corporation Service Company	<u></u>	_ \$6 8
•	1201 Hays Street		APR-8
	Tallahassee, FL 32301-2525		
6. The name and (if changed):	I street address of the new registered agent (if	changed) and /or registered office	AM 9: 02 FSTATE
	NRAI Services, Inc.	<u> </u>	_
	2731 Executive Park Drive, Suite 4	<u> </u>	<u></u>
	(P.O. Box or personal mailbo	x NOT acceptable)	_
	Weston, FL 33331		<u> </u>
The street addrechanged will be	ess of its registered office and the street address identical.	ress of the business office of its regist	ered agent, as
Such change w the board, or th	as authorized by resolution duly adopted by e corporation has been notified in writing of	its board of directors or by an officer the change.	so authorized by
	Signature of an officer or director)	TACK POLSON CAO	Vice Pres.
I hereby accept I further agree duties, and I an being filed mer	the appointment as registered agent and ag to comply with the provisions of all statutes n familiar with and accept the obligation of ely to reflect a change in the registered offic writing of this change.	· · · · · · · · · · · · · · · · · · ·	
by: 9777	(Signature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:	<u>.</u>	
Maggie Ferdi	nand (Typed or Printed Name)	Assistant Secretary (Capacity)	
	(1) her of 1 times tieme)	(Capacity)	