

# F78278

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**\*RE-SUBMIT\***  
Please retain original filing date of submission 10/10/07

## REGISTERED AGENT CHANGE

GULF COAST TREATMENT CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	043 4
Estimated Charge	\$35.00

RECEIVED

2007 NOV -6 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT 10 AM 8:58

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10/10/2007

November 6, 2007

GULF COAST TREATMENT CENTER, INC.  
6640 CAROTHERS PARKWAY  
SUITE 500  
FRANKLIN, TN 37067US

SUBJECT: GULF COAST TREATMENT CENTER, INC.  
REF: F78278

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

You failed to make the correction(s) requested in our previous

Do you like this letter? Y/N

letter.

The current registered agent information is INCORRECT. Our records show NRAI SERVICES, INC. Please correct your document so that the information reflect our records.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 307A00064618

Do you like this letter? Y/N



October 10, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GULF COAST TREATMENT CENTER, INC.

6640 CAROTHERS PARKWAY

SUITE 500

FRANKLIN, TN 37067US

SUBJECT: GULF COAST TREATMENT CENTER, INC.

REF: F78278

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If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 007A00059566

P.O BOX 6327 - Tallahassee, Florida 32314

7048309

**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: Gulf Coast Treatment Center, Inc.
- 2. The principal office address: 840 CRESCENT CENTRE DR STE 460 FRANKLIN TN 37067
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/29/82 Document number: F78278

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

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DIVISION OF CORPORATIONS  
07 OCT 10 AM 8:58

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]  
(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 [Signature] C T 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  
CR2B045 (8/05)

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