

F 78278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

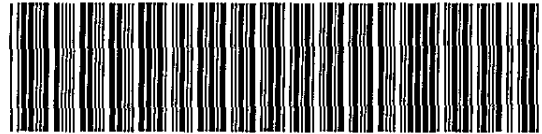
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032  
REFERENCE : 837799 4368131  
AUTHORIZATION : *Patricia Rojas*  
COST LIMIT : \$ 35.00

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ORDER DATE : November 27, 2002

ORDER TIME : 9:26 AM

ORDER NO. : 837799-025

CUSTOMER NO: 4368131

CUSTOMER: Ms. Josette Cedo  
Ramsay Youth Services, Inc.  
Suite 750  
1 Alhambra Plaza  
Coral Gables, FL 33134

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CHANGE OF AGENT

NAME: GULF COAST TREATMENT CENTER,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: \_\_\_\_\_

**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: One Alhambra Plaza, Suite 750, Coral Gables, FL 33134

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: April 29, 1982 Document number: F78278

5. The name and street address of the current registered agent and registered office on file with Florida Department of State:

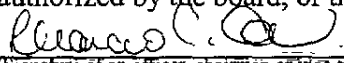
CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, FL 32301

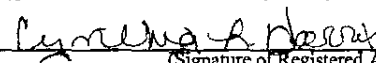
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer, chairman or vice chairman of the board)

Marcio C. Cabrera, Exec. Vice President  
(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.*

  
(Signature of Registered Agent)

4/7/03  
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris  
as its agent**

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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