**CORPORATION** 

ACCOUNT NO.

: 072100000032

REFERENCE :

029819

5028257

AUTHORIZATION

COST LIMIT

ORDER DATE : November 12, 1998

ORDER TIME : 9:08 AM

ORDER NO. : 029819-010

900002687729--1

CUSTOMER NO:

5028257

CUSTOMER: Ms. Michelle H. Ancosky

Magellan Health Services, Inc.

3414 Peachtree Rd., N.e.

Suite 1400

Atlanta, GA 30326

CHANGE OF AGENT

NAME:

GROUP PLAN CLINIC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1	508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of	Texas
submits the following statement in order to change its registered of	office or registered agent, or both, in the
State of Florida.	
1. The name of the corporation is:  GROUP PLAN CLINIC, INC.	
2. The mailing address of the corporation is: Aldn: Mi	
Box 209, Macon, GA 3/202	/
3. Date of incorporation/qualification: December 3, 1992 D	ocument number: F92000000792
4. The name and address of the current registered agent and office:	
CT Corporation System	SECON F
1200 South Pine Island Road	到皇亡
Plantation, FL 33324	
5. The name and address of the new registered agent and office: (P	O. Box Not Acceptable)
Corporation Service Company	0012
1201 Hays Street	
Tallahassee, FL 32301	*
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its tauthorized by the board.	poard of directors or by an officer so
authorized by the society	1112198
(Signature of an officer, chairman or vice chairman of the board)	(Date)
CHARLOTTE A. SANFORD, Vice Presedent	
(Printed or typed name and title)  Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	int and agree to act in this capacity. ative to the proper and complete
Corporation Service Company	11/12/48
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
KAREN B. ROZAR	Assistant Vice President
(Typed or Printed Name)	(Canacity)

CR2E045(3/96)