4000006079



ACCOUNT NO.

: 072100000032

REFERENCE

210817

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: April 19, 1999

ORDER TIME :

9:43 AM

ORDER NO. :

210817-005

CUSTOMER NO:

4319459

CUSTOMER: Ms. Tasha Dolan

Comprehensive Care Corporation

Suite 100

1111 Bayside Drive

Corona Del Mar, CA 92625

CHANGE OF AGENT

NAME:

COMPREHENSIVE BEHAVIORAL CARE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

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, 617.0	
undersigned corporation organized under the laws of the State of <u>Nevada</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation is: Comprehensive Beha	avioral Care, Inc.
2. The mailing address of the corporation is: 4200 w. c	ypress, Suite 300 Tampa, FL 33607
3. Date of incorporation/qualification: November 28.	1994 Document number: F94000006079
4. The name and address of the current registered agent	and office: TALL
CT Corporation System	AFF AR T
1200 South Pine Island Road	
5. The name and address of the new registered agent and	d office: (P. O. Box Not Acceptable)
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	
The street address of its registered office and the street agent, as changed, will be identical.	et address of the business office of its registered
Such change was authorized by resolution duly adopt authorized by the board.	ed by its board of directors or by an officer so
flutte - fach	12/8/98
(Signature of an officer, chairman or vice chairman of the boa	rd) (Date)
Robert J. LANDIS Executive Vice Preside	lest, chief 12/8/18
(Printed or typed name and title) Having been named as registered agent and to accept corporation, I hereby accept the appointment as regist I further agree to comply with the provisions of all step performance of my duties, and I am familiar with anaregistered agent.	Financial office (Date) t service of process for the above stated stered agent and agree to act in this capacity. It is relative to the proper and complete accept the obligation of my position as
(Signature of Registered Agent)	4-20-99 (Date)
	(Date)
If signing on behalf of an entity: Karen E. Wehner	Assistant Vice President
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)