

716173

Ruth Cooper
CENTER

For Behavioral Health Care

A PRIVATE, NON-PROFIT CORPORATION

2789 Ortiz Avenue S.E.
Fort Myers, FL 33905-7806

500002359735--9

-12/01/97--01168--011

*****35.00 *****35.00

Office Use Only

CORPORATION

D. Reed

[Signature]

ENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☒	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
 97 DEC -1 AM 10:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials

[Signature] 12/8

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, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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: Lee Mental Health Center, Inc.
2. The mailing address of the corporation is: 2789 Ortiz Avenue
Fort Myers, Florida 33905
3. Date of incorporation/qualification: 3/10/69 Document number: 716173
4. The name and address of the current registered agent and office:

Elizabeth O. Harmon
1592 Covington Circle
Fort Myers, FL 33919

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Joseph Mazurkiewicz
3206 SW 7th Place
Cape Coral, FL 33914

FILED
97 DEC -1 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature] 10/30/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
Joseph Mazurkiewicz, Board Chairman 10/30/97
(Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature] 10/30/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Joseph Mazurkiewicz Board Chairman
(Typed or Printed Name) (Capacity)