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Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.

| Certificate of Status | 0 |
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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 $\overline{Florida}$ |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: The Guidance Clinic of the Middle Keys, Inc. |
| 2. The principal office address: 3000 41st St Ocean; Marathon, Florida 33050 |
| 3. The mailing address (if different): 900 Grier Drive, Las Vegas, Nevada 89119 |
| 4. Date of incorporation/qualification: 5/28/1973 Document number: 726520 |
| The name and street address of the current registered agent and registered office on file with the Florida Department of State; |
| David P Rice PHD |
| 3000 41st St Ocean |
| Marathon, Florida 33050 |
| Marathon, Florida 33050 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Business Filings Incorporated |
| 1203 Governors Square Blvd, Suite 101 |
| (P.O. Box NOT acceptable) |
| Tallahussee, Florida 32301-2960 |
| 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 change. |
| Lynn Mapes, President (19 gathly) of an oddiecr or offscior) Lynn Mapes, President (19 fathly) of an oddiecr or offscior) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. 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 han 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 affice address. I hereby confirm that the corporation has been notified in writing of this change. |
| (Signature of Registers Agent) May 3rd, 2006 |
| If signing on behalf of an entity: |
| Mark Schiff, AVP, Business Filings Incorporated |

Hacoos 1583733

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314