

# F02000005506

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

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MAIL

\_\_\_\_\_  
(Business Entity Name)

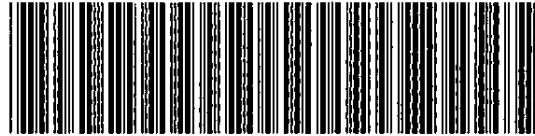
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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change

TB

4-7-08

  
Provided by Signature  
Information Solutions

300 Phillips Blvd., Trenton, NJ 08618  
Tel: 609-883-7000 Toll Free: 800-848-0489  
Fax: 866-235-6274  
[www.superiorinfo.com](http://www.superiorinfo.com)

Date: March 27, 2008

To: Florida Secretary of State

From: Colleen Kiessling

Re: Mental Health Associates, Inc.  
Change of Registered Agent and Registered Office

Enclosed herewith please find the necessary document to Change the Registered Agent and Registered Office of the above referenced in your state.

Further enclosed is our check in the amounts of \$35.00 to cover the cost of filing.

Please file the enclosed document upon receipt, returning the customary evidence to my attention in the self-addressed, stamped envelope enclosed for your convenience. Or, if not using the return envelope provided please **mail filing evidence to:**

**Signature Information Solutions formerly Charles Jones, Inc.**  
**300 Phillips Blvd.**  
**Trenton, NJ 08618**  
**Attn: Colleen Kiessling**

If there are any problems with the enclosed filing please contact me at the following toll free number: (800) 848-0489, ext. 5410

Thank you for your assistance in this matter!

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mental Health Associates, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000005506

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Kiessling

(Name of Contact Person)

Signature Information Solutions, LLC

(Firm/Company)

300 Phillips Blvd., Suite 400

(Address)

Trenton, New Jersey 08650

(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Kiessling

(Name of Contact Person)

at ( 800 ) 792-8888

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 LA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mental Health Associates, Inc.
2. The principal office address: 6705 Rockledge Dr., #900  
Bethesda, Maryland 20817
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 11, 2002 Document number: F02000005506
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Susan Norris

1211 State Rd., 436 Suite 355

Casselberry, FL 32707

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

NRAI Services, Inc.

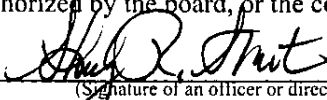
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

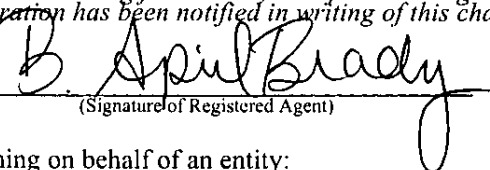


(Signature of an officer or director)

Shirley R. Smith, Secretary

(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)

3/11/08

(Date)

If signing on behalf of an entity:

B. April Brady, Asst. Secty.

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
2008 APR - 1 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA