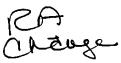
F05000005396

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

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OT SEP -5 PH 12: 45

OWNER WATER CHRONIONS

DOT SEP -5 PM 1:

ADR 915107 FILED



ACCOUNT NO. : 072100000032

REFERENCE : 049723 5043654

AUTHORIZATION

COST LIMIT

ORDER DATE: August 10, 2007

ORDER TIME : 10:50 AM

ORDER NO. : 049723-110

CUSTOMER NO: 5043654

CHANGE OF AGENT

NAME:

AMERICAN OUTCOMES

MANAGEMENT, INC. OF NEW YORK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS:

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: AMERICAN OUTCOMES MANAGEMENT, INC. OF NEW YORK
2. The principal of	office address:
5009 South	Hulen Street, Suite 107, Fort Worth, TX 76132
3. The mailing ac	ldress (if different):
4. Date of incorp	oration/qualification: September 16, 2005 Document number: F05000005396
5. The name and Florida Depart	street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered office on file will street address of the current registered agent and registered agent address of the current registered agen
	Incorp Services, Inc.
·	17888 67th Court North
	Loxahatchee, FL 33470
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
•	(P.O. Box NOT acceptable)
-	Tallahassee, FL 32301
The street address as changed will be	es of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so by arch, or the corporation has been notified in writing of the change.
All (Signature	Samuel Jamosk's President (Printed or typed name and title)
I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this is gifted merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. In Service Company
By: MU	Lette R-Canny — 4-4-07 (Date)
If signing on beh	alf of an entity:
	ped or Printed Name)

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

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