

APR-16-2010 15:35

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**REGISTERED AGENT CHANGE
CARE CENTERS MANAGEMENT CONSULTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Handwritten signature and date 4/16/10

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

1. The name of the corporation: Care Centers Management Consulting, Inc.
2. The principal office address: 2020 Northpark Ste 2d, Johnson City, Tennessee 37604-3127
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/25/2009 Document number: F09000800775

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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

Tallahassee, 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 board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jimmy R. Lewis, President

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.

By: 
Signature of Registered Agent

4/1/2010
Date

If signing on behalf of an entity:

Mark Williams, A.V.P.

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

CR28045 (8/05)

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