## F78278

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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2017 JAN 30 AH 7: 21

FEB - 2 2017 C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463320/108

Re: GULF COAST TREATMENT CENTER, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	provisions of sections 607.05			s, this
-	ange is submitted for a corpor			<del></del>
in orde	er to change its registered offi	ce or registered agent, or bo	th, in the State of Florida	<b>1</b> .
1. The name of	the corporation: GULF COAS	T TREATMENT CENTER, I	NC.	
	office address: 1015 Mar Wa			
z. The principal	office address.			
2 The mailing of	address (if different): 367 Sou	urth Gulph Road, King of Pru	essia, PA 19406	·
5. The maning a	address (II different)			
4. Date of incor	poration/qualification: 04/29	0/1982 Document	number: F78278	
	d street address of the current rtment of State: (If resigned, or	-	ed office on file with the	
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road			
	Plantation	FL	33324	2011 JAN 30
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) an	nd /or registered office	ar cocces
	Corporation Service Compa	any		4 7: 24
,	1201 Hays Street			24
		P.O. Box NOT acceptable		
	Tallahassee	FL_	32301	
The street address changed will	ess of its registered office an	d the street address of the bu	usiness office of its regis	stered agent,
	as authorized by resolution d he board, or the corporation		directors or by an officer of the change.	r so
Xiel	Jill Cilmi Vice President			
Signati	are of an officer or director	Print	ted or typed name and title	<del></del>
performance of agent. Or, if the hereby confirm	t the appointment as register to comply with the provision fmy duties, and I am familia his document is being filed m that the corporation has bed on Service Company	r with and accept the obligat	tion of mv position as re	gistered ress, I
	· C-Kuby	01/26/2017		<u> </u>
Sig	gnature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
Grace E. Kirby	, Asst. Vice President			
7	Typed 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 \* \* \*

CR2E045 (03/12)