

F930000004396

Florida Department of State  
Division of Corporations  
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## REGISTERED AGENT CHANGE

RAMSAY MANAGED CARE, INC.

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December 11, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RAMSAY MANAGED CARE, INC.  
664 CAROTHERS PARKWAY  
SUITE 500  
FRANKLIN, TN 37067US

SUBJECT: RAMSAY MANAGED CARE, INC.  
REF: F93000004396

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is for a limited liability company; please complete the form for a corporation.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H07000296968  
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RECEIVED  
2007 DEC 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

1. The name of the corporation: RAMSAY MANAGED CARE, INC.
2. The principal office address: 6640 Carothers Parkway Suite 500, Franklin, TN 37067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/27/1993 Document number: F93000004396
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DR. STE. 4 WESTON FL 33331

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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 in writing of the change.

[Signature]  
(Signature of an officer or director)

Jennifer Shandlers  
(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.

C T Corporation System  
By: [Signature]  
(Signature of Registered Agent)

12/12/2007  
(Date)

If signing on behalf of an entity:  
Samantha Jones  
Assistant Secretary  
(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  
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