

ACCOUNT NO. : 072100000032

REFERENCE

442746

5028257

AUTHORIZATION

COST LIMIT

ORDER DATE: June 25, 1997

ORDER TIME : 12:57 PM

ORDER NO. : 442746-010

CUSTOMER NO:

5028257

000002225170--6

CUSTOMER: Ms. Michelle H. Ancosky

Magellan Health Services, Inc.

3414 Peachtree Rd., N.e.

Suite 1400

Atlanta, GA 30326

CHANGE OF AGENT

NAME:

GREEN SPRING HEALTH SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 27, 1997

CSC DEBBIE TALLAHASSEE, FL

SUBJECT: GREEN SPRING HEALTH SERVICES, INC.

Ref. Number: F94000002679



We have received your document for GREEN SPRING HEALTH SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The name and address of the current registered agent must appear in number two of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing vill be considered abandoned.

If you have any questions concerning the filing of your document, please call (856) 482-6957.

Joy Moon-French Corporate Specialist

Letter Number: 897A00034135

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent , or both, in the State of Florida. 1a. The name of the corporation is: Green Spring Health Services, Inc. 1b. The mailing address of the corporation is:5565 Sterrett Place, Suite 500, Columbia MD 21044 1c. Date of incorporation: March 19, 1993 Document number: F94000002679 The name and address of the current registered agent and office: C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324 The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 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. Isignature of an officer, chairman or Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. Corporation Service Company (Signature of Registered Agent) If signing on behalf on an entity:

(Typed or Printed Name)