

Florida Department of State

Division of Corporations Public Access System

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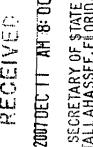
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REGISTERED AGENT CHANGE

HORIZON BEHAVIORAL SERVICES, INC.

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CT CORP

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statute. nized under the laws of the State of <u>Florids</u> tered agent, or both, in the State of Florida		-
_	the corporation: Horizon Behavioral Servi	- · · · · · ·	,	
	office address: 6640 CAROTHERS PKV	-		
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 92/07/1995	Document number: F95000000637		
5. The name and		agent and registered office on file with the		
	NRAI SERVICES, INC.			
	2731 EXECUTIVE PARK DR STE 4			
٠	WESTON FL 33331		强	07
6. The name and (if changed):	street address of the new registered age	ont (if changed) and /or registered office		330
	C T Corporat	tion System		
	c/o C T Corporation System,	1200 South Pine Island Road	T S	32
	(P.O. Bux NOT acceptable) Plantation, Florida 33324			ယ္
	Panation, Fit	Oricia 35524	M.	84
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its regi	stered age	រាដ្
Such change we authorized by the	as authorized by resolution duly adopte the board, or the corporation has been n	od by its board of directors or by an office of the change.	er so	
Sural	O Medical Control of Director)	SAM ANTHO TONIS A Hor	My in	Let
_	the appointment as registered agent a to comply with the provisions of all sta d I am famillar with and accept the ob ng filed merely to reflect a change in t i been notified in writing of this change	nd agree to act in this capacity tutes relative to the proper and complete ligation of my position as registered age he registered office address, I hereby con		
By:	OT Connectation System plaure of Registered Accept)	11/12/2007 . (Dute)		
If signing on be	half of an entity;	•		
	James M. Halpin			
·	· · · · ·	EE: \$35.00 * * *		
M. CR2E045 (\$/05)	Make checks payable to Fl All. to: Division of Corporations, I	Orida Department of State P.O. Box 6327, Tallahassee, FL 32314	ŀ	
AT DISK - BANKADONS IT TOWN				