F9600005623

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



TRANSMITTAL LETTER

10:	Division of Corporations	
SUBJ	JBJECT: Behavioral Healthcare Corporation of Delaware	
	(Name of corporation)
DOC	OCUMENT NUMBER: F96000005623	
The e	ne enclosed Statement of Change of Registered Office/Agent and fe	e are submitted for filing.
Please	ease return all correspondence concerning this matter to the followi	ing:
	Maggie Ferdinand	
	(Name of person)	
	Paranet Corporation Services, Inc. (Name of firm/company)	
	(Name of Introcompany	9
<u>3</u>	3761 Venture Drive, Suite 260 (Address)	
	(Addicess)	
	Duluth, GA 30096	
	(City/state and zip code)
For fu	or further information concerning this matter, please call:	
Mag	Maggie Ferdinand at ((Name of person)	800) 277-9977 (Area code & daytime telephone number)
	(Name of person)	(Area code & daytime telephone number)
Enclo	closed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallshassee FI 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallabasses Ft. 32300

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

change is submi	provisions of sections 607.0502, 617.0502, itted for a corporation organized under the gistered office or registered agent, or both,	laws of the State of Delaware	his state	ment c _in ord	·
_	the corporation: Behavioral Healthcare	·			
	office address: 840 Crescent Centre Driv				
3. The mailing a	address (if different):				_
4. Date of incoη	poration/qualification: 10/29/1996	Document number:F96000005623			
	d street address of the current registered age rtment of State:	ent and registered office on file with the			
	Corporation Service Company		_		
	1201 Hays Street		_		
	Tallahassee, FL 32301-2525				
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	SECRETAR TALLAHAS	05 AUG	-17
	NRAI Services, Inc.		- %?~ - %?~	8	〒
	2731 Executive Park Drive, Suite 4		OF S	P	ED
	(P.O. Box or personal ma	ilbox NOT acceptable)	유당		
	Weston, FL 33331			<u>უ</u>	
The street addre	ess of its registered office and the street ac e identical.	ddress of the business office of its registe	red agen	ıt, as	
Such change withe board, or the	as authorized by resolution duly adopted to corporation has been notified in writing	by its board of directors or by an officer of the change.	so autho	rized l	by
	fer for	Jack Polson, Vice President (Printed or typed name and to			
I hereby accept I further agree duties, and I an being filed mer been notified in	Signature of an officer or director) If the appointment as registered agent and to comply with the provisions of all statut in familiar with and accept the obligation welly to reflect a change in the registered of in writing of this change.	agree to act in this capacity. tes relative to the proper and complete pe of my position as registered agent. Or, is	erforman f this doc	ice of . cumen on has	my it is
NRAI Services	Signature of Registered Agent)	8/12/05 (Date)	, <u>.</u>		
If signing on be	ehalf of an entity:				
Maggie Ferdi		Assistant Secretary			
(Typed or Printed Name)		(Capacity)			