

F970000001620

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

FILED
2009 MAR -5 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

APS HEALTHCARE BETHESDA, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APS HEALTHCARE BETHESDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: F97000001620

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATTI GATTO

(Name of Contact Person)

NATIONAL REGISTERED AGENTS, INC

(Firm/Company)

160 GREENTREE DRIVE SUITE 101

(Address)

DOVER DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

PATTI GATTO

(Name of Contact Person)

at (302) 874-4088

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

03/05/2009 10:33 FAX

850-617-6381

3/5/2009 9:51:16 AM PAGE 1/001 Fax Server

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March 5, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APS HEALTHCARE BETHESDA, INC.
C/O HIQ COMPANIES
715 ST. PAUL STREET
BALTIMORE, MD 21202

SUBJECT: APS HEALTHCARE BETHESDA, INC.
REF: F97000001620

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.

You must file a registered agent change form for a corporation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H09000051140
Letter Number: 609A00007601

RECEIVED
2009 MAR -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H09000051140 3

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

1. The name of the corporation: APS HEALTHCARE BETHESDA, INC.
2. The principal office address: 44 S BROADWAY WESTCHESTER 1 STE 1200 WHITE PLAINS NY 10801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/31/1997 Document number: F97000001620
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HIQ CORPORATE SERVICES, INC.

1574 VILLAGE SQUARE BLVD SUITE 100

TALLAHASSEE FLORIDA 32309

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

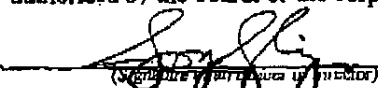
(P.O. Box NOT acceptable)

Weston, FL 33331

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 TALLAHASSEE, FLORIDA

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, or the corporation has been notified in writing of the change.


(Signature of authorized officer)

JOYCE TICHY, CORPORATE SECRETARY
(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.


(Signature of Registered Agent)

2/24/09
(Date)

If signing on behalf of an entity:

TINA BONOVIH

(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

CR2E045 (8/05)

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