

F9700001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

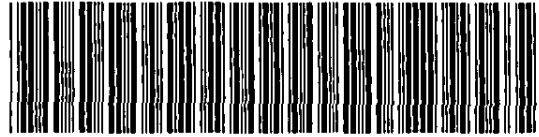
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA  
C. [Signature]

12/19/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 461741 4361720

AUTHORIZATION :

COST LIMIT : \$55.00

*[Handwritten signature]*

ORDER DATE : December 17, 2012

ORDER TIME : 10:34 AM

ORDER NO. : 461741-010

CUSTOMER NO: 4361720

CHANGE OF AGENT

NAME: APS HEALTHCARE BETHESDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: \_\_\_\_\_

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 South Broadway, Westchester One Suite 1200, White Plains, NY 10601
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:

NRAI Services, Inc.  
515 E. Park Avenue  
Tallahassee, FL 32301 US

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

Corporation Service Company

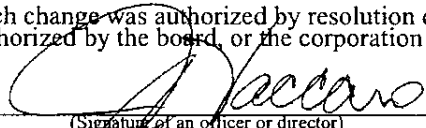
1201 Hays Street

(P.O. Box NOT acceptable)

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

  
(Signature of an officer or director)

Jerome Vaccaro, President

(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.*

Corporation Service Company

By: 

(Signature of Registered Agent)

12-17-2012

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. Vice President

(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)