

Division of Corporations Public Access System

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date of submission 10/10/07

## REGISTERED AGENT CHANGE

ALTERNATIVE BEHAVIORAL SERVICES, INC.

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CT CORP

10/10/2007

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850-617-6381

October 10, 2007

FLORIDA DEPARTMENT OF STATE

ALTERNATIVE BEHAVIORAL SERVICES, INC. Division of Corporations 6640 CAROTHERS PARKWAY

SUITE 500

FRANKLIN, IN 37067

SUBJECT: ALTERNATIVE BEHAVIORAL SERVICES, INC.

REF: F98000007065

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.

Please correct #5 on your form to be consistant to what is on record prior to the registered agent/registered office change.

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) 245-6957.

Pamela Smith Regulatory Specialist II FAX Aud. #: E07000251251 Letter Number: 707A00059576

P.O BOX 6327 - Tallahassee, Florida 32314

850-617-6381



October 10, 2007

FLORIDA DEPARTMENT OF STATE

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Pamela Smith Regulatory Specialist II FAX Aud. #: E07000251251 Letter Number: 707A00059576

P.O BOX 6327 - Tallahassee, Florida 32314

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

				vs of the State of Virginia h, in the State of Florida.		
1. The name of the	corporation: Alter	native Behavioral Ser	vices, Inc.			
2. The principal offi	ice address: 240 C	ORPORATE BLVD	STB 400	NORFOLK VA 23502		
3. The mailing addr	ess (if different):				·	
4. Date of incorpora	ntion/qualification	12/29/1998	Document n	umber: _F98000007065		
Florida Departme			cent and registered	d office on file with the		
	2731 Execut:	ive Park, DR	Suite 4			
	Weston, FL	33331				
6. The name and stre (if changed):	cet address of the	new registered agen	t (if changed) and	/or registered office	2001 OCT 10	
		C T Corporation	n System		067	
	c/o C T Corporation System, 1200 South Pine Island Road					
	Ö	P.O. Box NOT acceptable)				
		Plantation, Flori	ida 33324		至	
The street address of as changed will be i	of its registered of	ffice and the street s	address of the bu	siness office of its registered agent,	9.15	
Such change was au authorized by the be	thorized by reso	lution duly adopted oration has been not	by its board of diffied in writing o	lirectors or by an officer so of the change.	•	
(Signature of	MORROW MANUEL		Sament	Attorney-In-Fac	t.	
I hereby accept the I further agree to co of my duties, and I to document is being fi corporation has bee	appointment as r minly with the pr un familiar with iled merely to rej in natified in wri	egistered agent and ovisions of all stati and accept the obli- lect a change in the ting of this change.	l agree to act in t tes relative to the gation of my posi registered office	this capacity, e proper and complete performance ition as registered agent. Or, if this a address, I hereby canfirm that the		
By:U	Corporation Systems of Registered Agent)	ę, <u> </u>	10/1/2007	(Dato)		
If signing on behalf	E	rin McBrearty				
(Typed	or Printed Name)					
		* * * FILING FE	E: \$35.00 * * *			
MAIL 1 CR2E045 (\$/05)	MAKE CHECK TO: DIVISION OF (	s payable to Floi Corporations, P.(	RIDA DEPARTME D. BOX 6327, TAI	nt of State Llahassee, FL 32314		

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