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Florida Department of State
Division of Corporations
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To:

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

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEMS
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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REGISTERED AGENT CHANGE

ALTERNATIVE BEHAVIORAL SERVICES, INC.

Certificate of Status	0
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Page Count	0/3
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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October 10, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALTERNATIVE BEHAVIORAL SERVICES, INC.

6640 CAROTHERS PARKWAY

SUITE 500

FRANKLIN, TN 37067

SUBJECT: ALTERNATIVE BEHAVIORAL SERVICES, INC.

REP: F98000007065

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct #5 on your form to be consistent 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



October 10, 2007

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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

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

1. The name of the corporation: Alternative Behavioral Services, Inc.
2. The principal office address: 240 CORPORATE BLVD STE 400 NORFOLK VA 23502
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/29/1998 Document number: F98000007065

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
2731 Executive Park, DR Suite 4
Weston, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

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DIVISION OF CORPORATIONS
2007 OCT 10 AM 9:15

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] Samantha Jones **Attorney-In-Fact**
(Signature of an officer or director) (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.

By: [Signature] C T Corporation System 10/1/2007
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: Erin McBrearty
Assistant Secretary
(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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