

ACCOUNT NO. : 072100000032

REFERENCE : 281799

4319459

1,4,11,11,11,1

AUTHORIZATION :

Patricia Pyrito

COST LIMIT : \$ 35.00

ORDER DATE: March 4, 1997

ORDER TIME : 10:12 AM

ORDER NO. : 281799

CUSTOMER NO: 4319459

CUSTOMER: Ms. Tasha Dolan

Comprehensive Care Corporation

Suite 100

1111 Bayside Drive

Corona Del Mar, CA 92625

CHANGE OF AGENT

NAME: MANAGED BEHAVIORAL HEALTHCARE

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Warren Whittaker

97 HAR 19 MHII: 18 DIVISION OF CORPORATION Florida Department of State, Sandra B. Mortham, Secretary of State

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

the undersig	the provisions of sections 607.050 ned corporation organized under following statement in order to cha Florida.	the laws of the State	of_FLORIDA
1a. The nar	ne of the corporation is: <u>MANAGE</u>	D BEHAVIORAL HEALTHCA	ARE, INC.
1b. The ma	iling address of the corporation is	4200 W. CYPRESS, S	SUITE 300, TAMPA, FL 33607
1c. Date of	incorporation: 12-18-86	Document number:	J47846 29 9
2. The nam	e and address of the current regis	tered agent and office:	
	JAMES A. ROWE		TAR TAR
	4200 W. CYPRESS, SUITE 300		
	TAMPA, FL 33607		PM 1: 07 Y OF STATE SEE, FLORE
	TALLAHASSEE, FLORIDA 32301 address of its registered office and gent, as changed, will be identical		 the business office of its
	e was authorized by resolution du the by the board.	ly adopted by its board o	of directors or by an officer $3-13-97$
	re of an officer, chairman or chairman of the board)		(Date)
	PERT, SENIOR VICE-PRESIDENT or typed name and title)		
corporation, capacity. I f complete pe	n named as registered agent and to I hereby accept the appointment further agree to comply with the p performance of my duties, and I am registered agent.	as registered agent and provisions of all statutes	l agree to act in this relative to the proper and
By: Dely	erah N. Skipper	3	119/97
, =	ure of Registered Agent) behalf on an entity:		(Date)
0 0	-HALL CORPORATION SYSTEM, INC.	<u> Asa</u>	gend
(Typed	or Printed Name)		(Capacity)

FILING FEE: \$35.00

CR2E045(11/94)