

ACCOUNT NO. :

072100000032

REFERENCE :

029819

5028257

AUTHORIZATION

COST LIMIT

ORDER DATE: November 12, 1998

ORDER TIME : 3:58 PM

ORDER NO. : 029819

700002688797--9

CUSTOMER NO: 5028257

CUSTOMER: Ms. Michelle H. Ancosky

Magellan Health Services, Inc.

3414 Peachtree Rd., N.e.

Suite 1400

Atlanta, GA 30326

9 404 85

MERIT BEHAVIORAL CARE OF

FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

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, the
undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: MERIT BEHAVIORAL CARE OF FLORIDA, INC.
2. The mailing address of the corporation is: Attn: Michelle Ancorky, P.O.
Box 209 Macon GA 31202
3. Date of incorporation/qualification: 10-27-1987 Document number: J98943
4. The name and address of the current registered agent and office:
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable CORPORATION SERVICE COMPANY
1201 HAYS STREET TALLAHASSEE, FLORIDA 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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
CHARLOTTE A. SANFORD, VICE PRESEDENT
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Karen B. Rozar, As Its Agent (Typed or Printed Name) (Capacity)