

L56107

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wackenhut Health Services Inc.

500002858555--7

-04/30/99--01088--019

1793.75 **43.75

RECEIVED

99 APR 30 PM 12:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: CD

4-30-99

11:00

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

✓ RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

✓ Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

FILED
99 APR 30 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Change
38
4/30/99

**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.

1a. The name of the corporation is: WACKENHUT HEALTH SERVICES, INC.

1b. The mailing address of the corporation is : _____

4200 Wackenhut Drive, #100, Palm Beach Gardens, Florida 33410-4243

1c. Date of incorporation: 3/9/90 Document number: 156107

2. The name and address of the current registered agent and office:

James P. Rowan

4200 Wackenhut Drive, #100

Palm Beach Gardens, Florida 33410-4243

3. The name and address of the new registered agent and office: (P.O. Box Not Accepted)

Timothy J. Howard

4200 Wackenhut Drive, #100

Palm Beach Gardens, Florida 33410-4243

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)

F.E. Finizia, Corporate Counsel & Assistant Secretary

(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:

TIMOTHY J. HOWARD
(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA