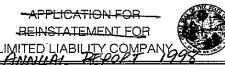
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as if made under oath. Signature of

Managing Member/Manag

Typed or printed name of sig

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS LIMITED LIABILITY COMPAN 98 OCT 27 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT #_{M 97000000308...} Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address Charter By The Sea Behavioral Health System, LLC 3947 Salisbury Road 2927 Demere Road Jacksonville, Fla. 32216 St. Simons Island, Georgia 31522 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address October, 1997 Georgia Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2298568 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zìp Country Zip Country \$8.75 Additional Fee Required October, 1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name Wesley Robbins, CEO
Street Address (P.O. Box Number is Not Acceptable) 3947 Salisbury Road Suite, Apt. #, etc. City -01090-Jacksonville 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F Signature of Date Registered Agent REGISTERED AGENT MUST SIGN 10. Title Managing Members/Managers **Business Street Address** City, State & Zip Code MGR Kay Oplinger 3947 Salisbury Road Jacksonville, FL. 32216 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been ellminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect





Sandra Mortham
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Dear Ms. Mortham,

Due to a change in administration and location of our Jacksonville facility we did not receive the notification to renew our certificate of authority in the State of Florida. I apologize for this mishap.

As instructed by the staff of the registration section, I have requested a "change of address" as well as a change of "the registered agent" on the application for reinstatement. I have also included our application fee of \$188.75.

I appreciate the help you and your staff were in getting this matter resolved quickly and efficiently.

Sincerely,

Orector of Outpatient Services

Charter By The Sea Behavioral Health System