N00000004779

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000142605 3)))

H08000142605ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

FILED
2008 JUN -4 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$87.50

Electronic Filing Menu Corporate Filing Menu Help

6408

June 3, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.
1401 S. FEDERAL HWY
FT LAUDERDALE, FL 33316

SUBJECT: CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.
REF: N00000004779

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

Please resumit form not legable for processing.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H08000142605
Letter Number: 808A00034419

RECEIVED
2008 JUN -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Refax]
3 pages
6/4/08

P.O BOX 6327 – Tallahassee, Florida 32314

Received Time Jun. 3. 11:23AM

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

H08000142605 3

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

1. The name of the corporation: CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.

2. The principal office address: 1401 S. FEDERAL HWY., FORT LAUDERDALE, FL 33316

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/20/2000 Document number: N00000004779

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LAURA SEIDMAN

303 SE 17 ST.

FORT LAUDERDALE, FL 33316

FILED
2008 JUN -4 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TROY A. KISHBAUGH

303 SE 17 ST.

(P.O. Box NOT acceptable)

FORT LAUDERDALE, FL 33316

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.

Frank P. Nask
(Signature of an officer or director)

Frank P. Nask, President/CEO
(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.

Troy A. Kishbaugh
(Signature of Registered Agent)

5/21/2008
(Date)

If signing on behalf of an entity:

(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)