

NO6000000593D

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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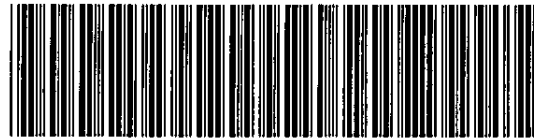
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JAN 14 2008

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NEUROPSYCHIATRIC INSTITUTE OF FLORIDA, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N 0600000 5938

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rex A. Birkmire  
(Name of Contact Person)

Birkmire Behavioral Health  
(Firm/Company)

1601 Dodd Road  
(Address)

Winter Park, FL 32792  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruby Kulid at 407 332-6506  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, 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: Neuropsychiatric Institute of Florida, Inc
2. The principal office address: 237 Fernwood Blvd Ste 111 Casselberry FL 32730
3. The mailing address (if different): same (however): We moved our new address is 1601 Dodd Rd Winter Park FL
4. Date of incorporation/qualification: 6/1/06 Document number: NO 6000005938
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US.

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

REX A BIRKMIRE  
1601 Dodd Rd.  
(P.O. Box NOT acceptable)  
Winter Park, FL 32792

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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.

[Signature] (Signature of an officer or director) REX A BIRKMIRE (OFFICER) (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.

[Signature] (Signature of Registered Agent) 1/3/07. (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