2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010158

FILED Jan 21, 2008 Secretary of State

Entity Name: ALTERNATIVE DISPUTE RESOLUTION MHP SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2958 WELLINGTON CIRCLE NORTH, SUITE 100 2958 WELLINGTON CIRCLE NORTH, SUITE 100

TALLAHASSEE, FL 323096686 TALLAHASSEE, FL 323096686 US

Current Mailing Address: New Mailing Address:

2958 WELLINGTON CIRCLE NORTH, SUITE 100 2958 WELLINGTON CIRCLE NORTH, SUITE 100

TALLAHASSEE, FL 323096686 TALLAHASSEE, FL 323096686 US

FEI Number: 26-1222672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EASTMAN, DAVID D 2155 DELTA BLVD., SUITE 210-B TALLAHASSEE, FL 32303

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition DALE, JAMES DALE, JAMES Name: Name:

2155 DELTA BLVD., SUITE 210-B Address: 12850 W. STATE ROAD 84 Address: DAVIE, FL 33325 US City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

GALLAGHER, CHARLIE Name: GALLAGHER, CHARLIE Name: Address: 2155 DELTA BLVD., SUITE 210-B Address: 2155 DELTA BLVD., SUITE 210-B

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Delete Title: (X) Change () Addition

MONACO, SARA MONACO, SARA Name: Name: P.O. BOX 5350 Address: Address: P.O. BOX 5350 City-St-Zip: LARGO, FL 337795350 City-St-Zip: LARGO, FL 337795350 US

Title: Title: () Delete (X) Change () Addition Name: SHOUSE, KEN Name: SHOUSE, KEN

2958 WELLINGTON CIRCLE NORTH, SUITE 100 2958 WELLINGTON CIRCLE NORTH, SUITE 100 Address: Address:

City-St-Zip: TALLAHASSEE, FL 323096686 City-St-Zip: TALLAHASSEE, FL 323096686 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN SHOUSE D 01/21/2008