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CARVER, DARDEN, KORETZKY, TESSIER, FINN, BLOSSMAN & AREAUX LLC NEW ORLEANS PENSACOLA LINDA A. HOFFMAN 1300 WEST MAIN STREET PENSACOLA, FLORIDA 32501
. PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATEMS
DIVISION OF SEP -4 PM 2: 31

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: PHC - Crestview, Inc. 2. The principal office address: 1849 First Avenue East, Crestview, FL, 32539 3. The mailing address (if different): 909 Gardengate Circle, Pensacola, FL, 32504

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

Linda A. Hoffman

4. Date of incorporation/qualification: 08/01/2000

Emmanuel, Sheppard & Condon, 30 S. Spring Street

Pensacola, FL 32502

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

Linda A. HOFFMAN

1300 W. Main Street

(P.O. Box NOT acceptable)

Pensacola, FL 32501

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.

FOR: PHC- CREITVISH, IK.

CORPORATE SECRETIVEY
(Printed or typed name and title)

Document number: P00000074428

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 of Registered Agent)

8/22/2007

If signing on behalf of an entity:

Linda A. Hoffman

(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

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