2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# P02000045138

Entity Name: BIRKMIRE BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

496 VILLA NOVA POINT
LONGWOOD, FL 32779

New Principal Place of Business:

237 FERNWOOD BLVD.
SUITE
CASSELBERRY, FL 32730

Current Mailing Address:

496 VILLA NOVA POINT
LONGWOOD, FL 32779

New Mailing Address:

237 FERNWOOD BLVD.
SUITE
CASSELBERRY, FL 32730

FEI Number: 03-0426447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRKMIRE, REX
496 VILLA NOVA POINT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

BIRKMIRE, REX A M.D.
237 FERNWOOD BLVD.
SUITE
CASSELBERRY, FL 32730 US

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: REX A. BIRKMIRE, M.D. 10/14/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BIRKMIRE, REX
Address: 496 VILLA NOVA POINT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BIRKMIRE, REX A M.D.
Address: 237 FERNWOOD BOULEVARD
City-St-Zip: CASSELBERRY, FL 32730

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX A. BIRKMIRE, M.D. PRES 10/14/2005
Electronic Signature of Signing Officer or Director Date