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Florida Department of State  
Division of Corporations  
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Division of Corporations

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
FLORIDA BEHAVIORAL HEALTHCARE, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 02      |
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**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: Florida Behavioral Healthcare, Inc.
2. The principal office address: 3135 State Road 580, Suite 7, Safety Harbor, FL 34695
3. The mailing address (if different): 750 Old Hickory Blvd., Brentwood, TN 37027
4. Date of incorporation/qualification: 6/1/2004 Document number: P04000085382
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gener Brojan

3135 State Road 580, Suite 7

Safety Harbor, FL 34695

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

CT Corporation System

1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

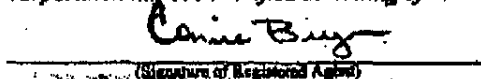
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Director/Secretary/Treasurer

(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 of Registered Agent)

11/29/07  
(Date)

If signing on behalf of an entity:

CONNIE BREY  
(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)

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