Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

PREMIER BEHAVIORAL SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of <u>Delawa</u> I office or registered agent, or both, in the State of Florida.	<u>re</u>
1. The name of	the corporation:	Premier Behavioral Solutions, Inc.	
•	office address: 6640 Ca TN 37067	arothers Parkway, Suite 500	
3. The mailing (address (if different):		
4. Date of incor	poration/qualification: 06	6/14/1985 Document number: P06441	
5. The name and Florida Depa	d street address of the curr rtment of State:	rent registered agent and registered office on file with the	
	NRAI Services, In	nç.	
	2731 Executive P	Park Drive, Suite 4	0
	Weston, FL 3333	31	DO HOV -7
6. The name and (if changed):	d street address of the new	v registered agent (if changed) and /or registered office	-1 PH
	C T CORPORATI	ION SYSTEM	بن
		NE ISLAND ROAD	Ç
	PLANTATION F	Box NOT acceptable) FL 33324 US	
The street addr. as changed will	ess of its registered office be identical.	e and the street address of the business office of its registered a	igent,
		on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.	
Signat	ure of an officer or director)	Christopher L. Howard, VP & Secretary	<u>y</u>
•		stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete perform I accept the obligation of my position as registered agent. Or, I a change in the registered office address, I hereby confirm the tof this change.	nance if this at the
Lugierra	Varia h.	1117/08	
451	gnature of Registered Agent)	(Date)	
	chalf of an entity:		
	decchia, Jr. Asst. Secreti Typed of Printed Name)	ary .	
•	••		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *