May 05, 2003 8:00 am Secretary of State

05-05-2003 90140 007 ***150.00

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Country		5. C								75 Additional Required		
		7. N	lame and	Addres	s of Nev	v Reg	Istered	Ager	nt			
	Name											
	Street Address	(P.O. 8d	ox Numbe	r is Not	Accepta	ble)						
	City						FI		Zip C	Code		
gistere	ed office or registe	red age	ent, or both	h, in the	State of	Florid	a. Lan	n famil	lar w	rith, and acc	ept	
egistered Agent signature required when re			nstating)				DATE					
					ımpaign Contribu		cing			5.00 May Ided to Fees		
11.			DITIONS/	CHANG	ES TO C	FFICE	RS AN	IO DIF	RECT	ORS IN 11		
		} 										

Principal Place of Business Mailing Address ONE ALHAMBRA PLACE ONE ALHAMBRA PLACE STE 750 STF 750 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

P06441

DOCUMENT #

RAMSAY YOUTH SERVICES, INC.

Country

6. Name and Address of Current Registered Agent

1. Entity Name

City & State

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

Zip

The above named entity comits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature, typed or of need name of registered agent and title if applicable. (NOTE: Registered FILE NOW! REE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Riorida Department of State OFFICERS AND DIRECTORS 10. 11. TITLE 4 ☐ Delete TITLE Addition Bert 6. Cibran RAMSAY, PÄÜL NAME¹ NAME One Almanisto Plaza Ste 750 156 PACIFIC HWY STE 103 STREET ADDRESS STREET ADDRESS SYDNEY, AUSTRALIA CITY-ST-7IP CITY-ST-ZIP COR) 6x6160, FL 3313 Precipo, Chairman of the Brate PD TITLE ☐ Delete TITLE ☐ Addition Yaul Kamsav Lamela. Luis NAME NAME 19th Floor, 154 Pacific Highway ONE ALHAMBRA PLAZA STE 750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 LeonardS,NSW Vice-Fresidens TITLE ☐ Delete TITLE Change Addition ISabel Diaz EVANS, PETER J NAME NAME One Alhambra Plaza 5-750 STREET ADDRESS STREET ADDRESS 156 PACIFIC HWY #103 CITY-ST-ZIP CITY-ST-ZIP GREENWICH, NSW Change Addition TITLE ☐ Delete TITLE SIDDLE, MICHAEL S AAron Geam Jr. NAME NAME STREET ADDRESS STREET ADDRESS 156 PACIFIC HWY #103 708 US HighPay CITY-ST-ZIP CITY-ST-ZIP GREENWICH, NSW air hoe Addition TITLE VS,CFO Delete TITLE Change fromas M. Hauffe CABRERA, MARCIO NAME NAME en 3rd Avenue STREET ADDRESS STREET ADDRESS ONE ALHAMBRA PLZA, STE 750 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE Addition TITLE Delete RICO, JORGE NAME NAME J. Shulman Colombia Gakway Drive STREET ADDRESS ONE ALHAMBRA PLZA STE 750 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #