06453

## **Document Number Only**

CT Corporation System Requestor's Name 660 East **J**efferson Street Address Tallahassee, FL 32310 222-1092 600002613916--6 -08/12/98--01054--007 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00 Zip Phone City State **CORPORATION(S) NAME** 

PCS	Health Sistems,	Inc

( ) Profit ( ) NonProfit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal	() Limited Liability Company
() Limited Partnership () Reinstatement () Fictitious Name	() Annual Report () Name Registration () UCC-1 Financing Stateme	() Other () Change of R.A. nt() UCC-3 Filing
() Certified Copy	() Photo Copies	() CUS
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CR2E031 (1-89)

## Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: PCS HEALTH SYSTEMS, INC.
1b. Date of incorporation June 17, 1985 Document number P06453
2. The name and address of the current registered agent and office:
The Prentice-Hall Corporation System, Inc.
110 N. Magnolia Street, Ste. 105, Tallahassee, FL 32301
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The street address of its registered agent 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.  SIGNATURE  August 10, 1998  Natalie A. Spencer, Secretary  (Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.  SIGNATURE BY:  DATE 8-10-93  Division of Corporations, P.O. Box 6327, Tallahasson, El. 22244
R2E045 (7-91)

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)