

P25295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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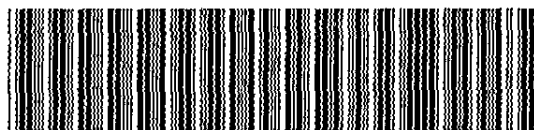
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

C. Ocullette, AUG 15 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 194905 7140800

AUTHORIZATION

COST LIMIT : \$ 35.00

*Patricia Pijet*

ORDER DATE : August 5, 2003

ORDER TIME : 3:30 PM

ORDER NO. : 194905-085

CUSTOMER NO: 7140800

CUSTOMER: Ms. Kathryn Clamar  
Gray Cary Ware & Freidenrich  
Suite 400  
139 Townsend Street  
San Francisco, CA 94107

CHANGE OF AGENT

NAME: COMPREHENSIVE ADDICTION  
PROGRAMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMPREHENSIVE ADDICTION PROGRAMS, INC.
2. The principal office address: 1175 Herndon Parkway, Suite 250, Herndon, VA 20170
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: July 25, 1989 Document number: P2529
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation Systems

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Patricia Pizzuto  
(Signature of an officer, chairman or vice chairman of the board)

Patricia Pizzuto, Attorney in Fact  
(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.*

Cynthia L. Harris  
(Signature of Registered Agent)

8/15/03  
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris  
as its agent**

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314