

# P33329

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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TALLAHASSEE, FLORIDA

## REGISTERED AGENT CHANGE

HORIZON MENTAL HEALTH MANAGEMENT, INC.

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

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10

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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 Texas  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Horizon Mental Health Management, Inc.  
2. The principal office address: 6640 CAROTHERS PKWY STE 500 FRANKLIN TN 37067  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/26/1991 Document number: P33329

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DR STE 4

WESTON FL 33331

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 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]  
(Signature of an officer or director)

Samantha Jones, 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.

C T Corporation System  
By: [Signature]  
(Signature of Registered Agent)

11/12/2007

(Date)

If signing on behalf of an entity:  
James M. Halpin  
Assistant Secretary  
(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  
CRZB045 (8/05)

FD006 - 09/14/2005 C T System On Line

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