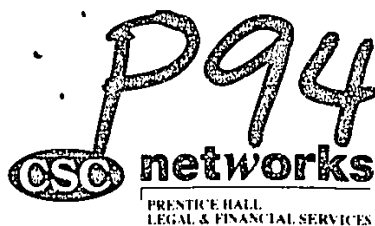


1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

Please file 1st



ACCOUNT NO. : 072100000032

REFERENCE : 200684 4323655

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pyjunt

96 DEC 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ORDER DATE : December 24, 1996

ORDER TIME : 10:18 AM

ORDER NO. : 200684

CUSTOMER NO: 4323655

300002037633--8

CUSTOMER: Ms. Katherine Russell
Annis Mitchell Cockey Edwards
Suite 2100
One Tampa City Center
Tampa, FL 33602

CHANGE OF AGENT

NAME: COMPREHENSIVE CARE
ASSOCIATES OF FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

OK Per S.P.

12/26

John R.A. Chang

Florida Department of State, Sandra B. Mortham, 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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Comprehensive Care Associates of Florida, Inc.

1b. The mailing address of the corporation is: 900 Winderley Place, Suite 300,
Maitland, Florida 32751

1c. Date of incorporation: April 18, 1994 Document Number: P 94000028603

2. The name and address of the current registered agent and office:

Robert E. Lewis
501 East Kennedy Boulevard, Suite 1400
Tampa, Florida 33602

3. The name and address of the new registered agent and office (P.O. Box Not Acceptable):

Joseph W.N. Rugg
201 North Franklin Street, Suite 2100
Tampa, Florida 33602

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.

[Signature]
(Signature of an officer, Chairman,
or vice chairman of the Board)

12-20-96
(Date)

Timothy J. Powers, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above-stated corporation, 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]
(Signature of Registered Agent)

12/19/96
(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314