

\sim	T	CORPORATION	CVCTEM
_	2.	COLLOIGHTON	

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

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СОНРОНА	IION(S) NAME	
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EMSA Cornec	tional Care, Ive	TANGE OF THE STATE
() Profit () NonProfit () Limited Liability Comp		() Merger
() Foreign	() Dissolution/Withdraw	al () Mark
() Limited Partnership () Reinstatement () Limited Liability Part	() Annual Report () Reservation	() Other Change of R.A. () Fictitious Name
() Certified Copy	() Photo Copies	() CUS
() Call When Ready ∰ Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30 (χ) Pick Up
Name Avaliability Document Examiner Updater Verifier Acknowledgment W.P. Verifier	8/6/99 PLEAS	SE RETURN EXTRA COPY(S)

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 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: EMSA Correctional Care, Inc.
1b. Date of incorporation 181195 Document number <u>P95000</u> 9/51.
Tallahasse, FL 3230H3525 3. The name and address of the new registered agent and office: 7. The name and address of the new registered agent and office: 7. 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 3 pq
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: NOTURE AGENT) ASSISTANT SECRETARY DATE \$\frac{1}{2}\left(9 \right) \]
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

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

CR2E045 (7-91)