

P96000006196

Requestor's Name

SCHIFINO & FLEISCHER, P. A.

ATTORNEYS AT LAW
ONE TAMPA CITY CENTER, SUITE 2700
201 NORTH FRANKLIN STREET
TAMPA, FLORIDA 33602-5174

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C/

IDENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

wrong name
11/24
FAC/9
12-10



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 24, 1998

SCHIFINO & FLEISCHER, P.A.
ONE TAMPA CITY CENTER, SUITE 2700
201 NORTH FRANKLIN ST.
TAMPA, FL 33602-5174

SUBJECT: COLONIAL PALMS BEHAVIORAL HEALTH SERVICES, INC.
Ref. Number: P96000006196

We have received your document for COLONIAL PALMS BEHAVIORAL HEALTH SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similarly named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 398A00056267

STATEMENT OF CHANGE
OF
REGISTERED AGENT

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98 DEC 10 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation (the "Corporation") organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

1. The name of the Corporation is Colonial Palms Behavioral Health Services, Inc.
2. The address of the Corporation's present registered agent is:
201 N. Franklin Street, Suite 2700, Tampa, Florida 33602
3. The address to which the Corporation's registered agent is to be changed is:
201 N. Franklin Street, Suite 2700, Tampa, Florida 33602
4. The name of the Corporation's present registered agent is: Cynthia C. Ellis
5. The name of the Corporation's successor registered agent is: William J. Schiffino


In connection with the foregoing the Corporation hereby states that:

(i) The address of the Corporation's registered office and the address of the business office of its registered agent, as changed, will be identical; and

(ii) the changes described above were authorized by resolution duly adopted by the Corporation's Board of Directors.

DATED this 22 day of Sept., 19 98.

Colonial Behavioral Health Services, Inc.

By:  Michael Moses, II, President

Form 4. Statement of Change of Registered Office or Registered Agent

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.

1. The name of the corporation is: _____

2. The mailing address of the corporation is: _____

3. Date of incorporation/qualification: _____ Document number: _____

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

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

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TALLAHASSEE, FLORIDA

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 of an officer, chairman or vice chairman of the board)

(Date)

(Printed or typed name and title)

(Date)

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 of Registered Agent)

11/19/98
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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