

LAW OFFICES
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P96000049716

April 29, 1997

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

900002161809--6
-05/01/97--01060--003
*****35.00 *****35.00

RE: LAKEVIEW MENTAL HEALTH, INC.
P96000049716

Gentlemen:

Please find enclosed a Statement of Change of Registered Office and Registered Agent in reference to Charter No. P96000049716 and a check in the sum of \$35.00 for the filing fee.

Upon completion, please forward proof of change to my office in the enclosed self-addressed stamped envelope.

Thank you.

Sincerely,

Walter R. Blake, Esq.

WALTER R. BLAKE, ESQ.
WALTER R. BLAKE, P.A.

WRB:mjm
Enclosures

P96000049716
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2904
2 Pgs

Charter No. P96000049716

Date Filed 6/11/96

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: LAKEVIEW MENTAL HEALTH, INC.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

LAKEVIEW MENTAL HEALTH, INC.

11095 Northwest 17th Place

Coral Springs, Florida 33071

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

John DeGaglia, President

(Typed or printed name and title)

Signature

X John DeGaglia
(President or Vice President)

Date

4-27-97

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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name John DeGaglia

Signature

X John DeGaglia
(Agent)

Date

4-27-97

FILING FEE \$35