## 6000053996 CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE :

300235

5028257

AUTHORIZATION

\$ 35.00

COST LIMIT :

ORDER DATE: March 19, 1997

ORDER TIME: 8:49 AM

ORDER NO. : 300235

400002223844--8

CUSTOMER NO: 5028257

CUSTOMER: Ms. Michelle H. Ancosky

Magellan Health Services, Inc.

3414 Peachtree Rd., N.e.

Suite 1400

Atlanta, GA 30326

CHANGE OF AGENT

NAME:

CARE MANAGEMENT RESOURCES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

DIVISION OF COMPORATION 97 JUL -3 AH 10: 45

Florida Department of State, Sandra B. Mortham, Secretary of State

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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, 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: Care Management Resources, Inc.	
1b. The mailing address of the corporation is:3414	Peachtree Road, NE, Suite 1400
Atlanta GA 30326	T JUL T
1c. Date of incorporation: June 25, 1996	Document number: P96000053996
2. The name and address of the current registered	l agent and office:
C T CORPORATION SYSTEM	
1200 South Pine Island Road	1 DA
Plantation, FL 33324	
The name and address of the new registered agent and office:(P.O. Box Not Acceptable)      Corporation Service Company	
1201 Hays Street, Suite 105	
Tallahassee, Florida 32301	·
The street address of its registered office and the registered agent, as changed, will be identical.	street address of the business office of its
Such change was authorized by resolution duly ad so authorized by the board.	opted by its board of directors or by an officer
Muller H. Knesky	June 24, 1997
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Michelle H. Ancesta Asst. Secretary (Printed or typed name and title)	
Having been named as registered agent and to accorporation, I hereby accept the appointment as recapacity. I further agree to comply with the proviscomplete performance of my duties, and I am famposition, as registered agent.	egistered agent and agree to act in this sions of all statutes relative to the proper and
Corporation Service Company  By:  (Signature of Registered Agent)	July 7, 1997 (Date)
If signing on behalf on an entity:	
Karen B. Rozar	As Agent
(Typed or Printed Name)	(Capacity)