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Jeffrey J. Kallan

Refer to File No.

Writer's Direct Dial No.

003086/974045

898-6690

April 3, 1998

Florida Department of State
Secretary of State
P. O. Box 6327
Tallahassee, FL 32314

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

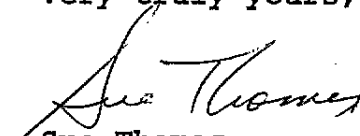
RE: Freedom Healthcare Systems, Inc.
Quality Management Care, Inc.
Care Treatment Systems, Inc.

Dear Sir/Madam:

Enclosed please find three (3) Change of Registered Office and Agent forms for the above-referenced corporations along with a check for each one in the amount of \$35.00. Please file this with the State and return a stamped copy to the undersigned.

If you have any questions regarding this request, please contact the undersigned.

Very truly yours,


Sue Thomas
Paralegal to
Jeffrey J. Kallan

ST:lpb
Encs.

127160

98 APR -6 PM 11:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

711 APR '8 1998

CHANGE OF REGISTERED OFFICE AND AGENT
OF
CARE TREATMENT SYSTEMS, INC.

FILED
98 APR -6 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: SECRETARY OF STATE OF FLORIDA

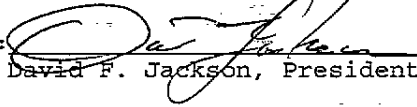
1. The name of the Corporation is Care Treatment Systems, Inc.
2. The current registered office is located at 150 Second Avenue North, Suite 1100, St. Petersburg, Florida 33701.
3. The registered office will be changed to 1751 First Avenue North, Suite 500, St. Petersburg, Florida 33713.

THIS IS THE CORRECT BUSINESS ADDRESS OF THE CORPORATION,
PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

4. The current registered agent is Jeffrey J. Kallan.
5. The successor registered agent will be David F. Jackson.
6. The street address of the Corporation's registered office and the business office of its registered agent, as changed above, will be identical.
7. All changes made above have been authorized by resolutions duly adopted by the Corporation's Board of Directors.
8. All changes made above have been made by an officer of the Corporation authorized to do so by the Board of Directors.

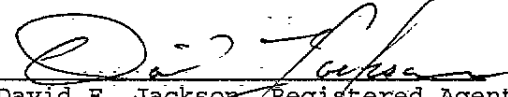
DATED: March 31, 1998.

CARE TREATMENT SYSTEMS, INC.

By: 
David F. Jackson, President

ACKNOWLEDGMENT

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 607.0505, Florida Statutes.


David F. Jackson, Registered Agent