

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002581

FILED
Apr 20, 2010
Secretary of State

Entity Name: MAGELLAN BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 52-2135463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: LERER, RENE
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: VP/S
Name: GREGOIRE, DANIEL N
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: VP/T
Name: RUBIN, JONATHAN N
Address: 55 NOD ROAD
City-St-Zip: AVON, CT 06001

Title: AS
Name: MCQUILLEN, MICHAEL P
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: VP
Name: NEWLIN, LINTON C
Address: 1203 4TH STREET SW
City-St-Zip: CULLMAN, AL 35055

Title: VP
Name: WEST, JEFFREY N
Address: 14100 MAGELLAN PLAZA
City-St-Zip: MARYLAND HEIGHTS, MO 63043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL N. GREGOIRE

VP/S

04/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date