# 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000002581

Entity Name: MAGELLAN BEHAVIORAL HEALTH, INC.

### **Current Principal Place of Business:**

6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046

# **Current Mailing Address:**

6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046

### FEI Number: 52-2135463

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

# Officer/Director Detail :

	Title	VP/S	Title	VP/T
	Name	GREGOIRE, DANIEL N	Name	RUBIN, JONATHAN N
	Address	55 NOD ROAD	Address	55 NOD ROAD
	City-State-Zip:	AVON CT 06001	City-State-Zip:	AVON CT 06001
	Title	AS	Title	VP
	Name	MCQUILLEN, MICHAEL P	Name	NEWLIN, LINTON C
	Address	6950 COLUMBIA GATEWAY DRIVE	Address	1203 4TH STREET SW
	City-State-Zip:	COLUMBIA MD 21046	City-State-Zip:	CULLMAN AL 35055
	Title	VP	Title	VP
	Name	WEST, JEFFREY N	Name	SMITH, BARRY M
	Address	14100 MAGELLAN PLAZA	Address	55 NOD ROAD
	City-State-Zip:	MARYLAND HEIGHTS MO 63043	City-State-Zip:	AVON CT 06001
	Title	VP		
	THE			
	Name	MCCABE, ANNE M		

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

55 NOD ROAD

City-State-Zip: AVON CT 06001

SECRETARY

04/25/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date