

FOODWOLLS81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

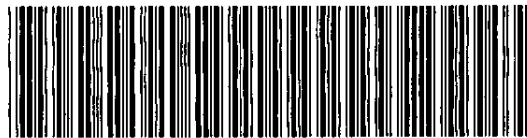
(Business Entity Name)

(Document Number)

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RECEIVED  
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DIVISION OF CORPORATE AFFAIRS  
2014 JUN -5 AM 12:43  
TO ACQUISITION  
SUFFICIENT FOR FILING

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JUN -6 2014

R. WHITE

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2014 JUN -6 AM 9:07  
FALL 4/14/2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 163041 5028257  
AUTHORIZATION :  
COST LIMIT : *Liquidation*  
35.00

ORDER DATE : June 3, 2014  
ORDER TIME : 8:50 AM  
ORDER NO. : 163041-060  
CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: MAGELLAN BEHAVIORAL HEALTH,  
INC.

XX  CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX  PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: \_\_\_\_\_

FILED  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F0000002581

(Document number of corporation (if known))

1. MAGELLAN BEHAVIORAL HEALTH, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. 5/9/2000

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 5/2/14

5. MAGELLAN HEALTHCARE, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

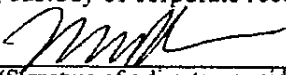
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands  
of a receiver or other court appointed fiduciary, by that fiduciary)

MICHAEL P. MCQUILLEN

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAGELLAN BEHAVIORAL HEALTH, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F00000002581

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA AYUB  
Name of Contact Person

Firm/Company

6950 COLUMBIA GATEWAY DRIVE  
Address

COLUMBIA, MD 21046  
City/State and Zip Code

MAAYUB@magellanhealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MAGELLAN BEHAVIORAL HEALTH, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MAGELLAN HEALTHCARE, INC.", THE SECOND DAY OF JUNE, A.D. 2014, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN HEALTHCARE, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2980112 8320

140798527



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1426786

DATE: 06-05-14