

2001 UNIFORM BUSINESS REPORT (UBR)

192

0577129

DOCUMENT # F0000002581

1. Entity Name
MAGELLAN BEHAVIORAL HEALTH, INC.

FILED

01 APR 30 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
6950 COLUMBIA GATEWAY DRIVE, SUITE 400 6950 COLUMBIA GATEWAY DRIVE, SUITE 400
COLUMBIA MD 21046 COLUMBIA MD 21046

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 52-2135463

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HARBIN, HENRY T 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004090670--3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIDER, JOHN J JR. 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P/D. Daniel Messina 6950 Columbia Gateway Drive, Ste 400 Columbia MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FITCH, JOYCE N 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EVP & Secretary Megan M. Arnold 6950 Columbia Gateway Drive, Ste 400 Columbia MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KANACH, CHARLES 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EVP & Treasurer Mark S. Demilio 6950 Columbia Gateway Drive, Ste 400 Columbia MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUES, CLARISSA M.D. 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ARNDT, KENNETH W 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA MD 21046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Mark S. Demilio*
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Executive Vice President 4/24/01

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032
REFERENCE : 131817 5028257
AUTHORIZATION : Patricia Pzyub
COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001
ORDER TIME : 10:02 AM
ORDER NO. : 131817-095
CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: MAGELLAN BEHAVIORAL HEALTH,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 10:42
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING