
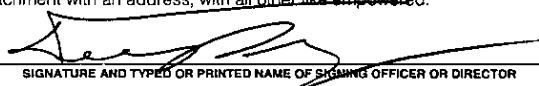


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 039 ***150.00

DOCUMENT # F00000002581					
1. Entity Name MAGELLAN BEHAVIORAL HEALTH, INC.					
Principal Place of Business 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 COLUMBIA, MD 21046			Mailing Address 6950 COLUMBIA GATEWAY DRIVE, SUITE 400 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	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOODY, DENNIS P	NAME			
STREET ADDRESS	6950 COLUMBIA GATEWAY DR.	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, MD 21046	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MESSINA, DANIEL	NAME	Steven J. Shulman		
STREET ADDRESS	6950 COLUMBIA GATEWAY DRIVE, SUITE 400	STREET ADDRESS	1450 Columbia Gateway Drive		
CITY-ST-ZIP	COLUMBIA, MD 21046	CITY-ST-ZIP	Columbia MD 21046		
TITLE	EVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARTHUR, MEGAN M	NAME			
STREET ADDRESS	6950 COLUMBIA GATEWAY DRIVE, SUITE 400	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, MD 21046	CITY-ST-ZIP			
TITLE	EVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMILIO, MARK S	NAME			
STREET ADDRESS	6950 COLUMBIA GATEWAY DRIVE, SUITE 400	STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA, MD 21046	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: 4/27/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

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