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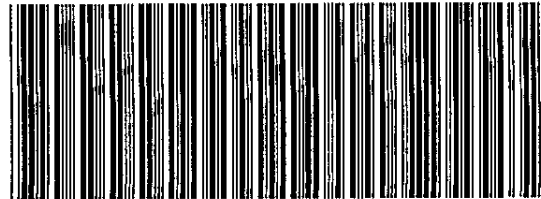
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 956410 5028257

AUTHORIZATION *Patricia Pignato*

COST LIMIT : \$ 70.00

ORDER DATE : November 4, 2004

ORDER TIME : 2:41 PM

ORDER NO. : 956410-005

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub  
Magellan Health Services, Inc.

Suite 400  
6950 Columbia Gateway Drive  
Columbia, MD 21046

DOMESTIC FILING

NAME: MAGELLAN BEHAVIORAL HEALTH OF  
FLORIDA, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
WITH LETTER OF AFFILIATION/CONSENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.

The undersigned does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a corporation for profit, pursuant to the provisions of the Florida Business Corporation Act.

FIRST: The corporate name for the corporation (hereinafter called the "corporation") is Magellan Behavioral Health of Florida, Inc.

SECOND: The street address, wherever located, of the principal office of the corporation is 6950 Columbia Gateway Drive, Suite 400, Columbia MD 21046.

The mailing address, wherever located, of the corporation is 6950 Columbia Gateway Drive, Suite 400, Columbia MD 21046.

THIRD: The number of shares that the corporation is authorized to issue is One Thousand (1,000) shares, all of which are of a par value of \$0.01 dollars each and are of the same class and are Common shares.

FOURTH: The street address of the initial registered office of the corporation in the State of Florida is c/o Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

The name of the initial registered agent of the corporation at the said registered office is Corporation Service Company.

The written acceptance of the said initial registered agent, as required by the provisions of Section 607.0501(3) of the Florida Business Corporation Act, is set forth following the signature of the incorporator and is made a part of these Articles of Incorporation.

FIFTH: The name and the address of the incorporator are:

<u>NAME</u>	<u>ADDRESS</u>
Mary Elizabeth Zorzi	6950 Columbia Gateway Drive, Suite 400 Columbia, Maryland 21046

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SIXTH: The purposes for which the corporation is organized are as follows:

To engage in any lawful business for which corporations may be organized under the Florida Business Corporation Act.

To have all of the general powers granted to corporations organized under the Florida Business Corporation Act, whether granted by specific statutory authority or by construction of law.

SEVENTH: The duration of the corporation shall be perpetual.

EIGHTH: The corporate existence of the corporation shall begin on the date of filing.

Signed on November 1, 2004

Mary Elizabeth Zorzi  
Mary Elizabeth Zorzi, Incorporator

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in these Articles of Incorporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CORPORATION SERVICE COMPANY

By: Deborah D. Skipper

Date: 11/10/2004

Deborah D. Skipper  
Asst. V. Pres.



November 16, 2004

Secretary of State  
Tallahassee, Florida

**To Whom It May Concern:**

Please be advised that Magellan Behavioral Health, Inc., a Delaware corporation qualified to conduct business in the State of Florida, hereby consents to the use of the name of Magellan Behavioral Health of Florida, Inc. by its subsidiary, which intends to file Articles of Incorporation in the State of Florida.

MAGELLAN BEHAVIORAL HEALTH, INC.

By: Michael P. McQuillen  
Title: Assistant Secretary

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TALLAHASSEE, FLORIDA

State of Maryland  
County of Howard

I HEREBY CERTIFY, that on this 16th day of November, 2004, before me, the subscriber, a Notary Public of the State of Maryland, the aforesaid personally appeared known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledges that he executed the same for the purposes therein contained.

AS WITNESS my hand and notarial seal.

My Commission Expires: 10/30/07

Notary Public

M. PAULETTE TRIPLETT  
NOTARY PUBLIC  
HOWARD COUNTY, MARYLAND  
COMMISSION EXPIRES 10/30/2007

M. PAULETTE TRIPLETT  
M. Paulette Triplett