

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000158675

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC7228578242**

**Entity Name:** MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, 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:** 20-1919978

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D, CEO  
Name SMITH, BARRY M  
Address 55 NOD ROAD  
City-State-Zip: AVON CT 06001

Title COO  
Name MCCABE, ANNE  
Address 55 NOD ROAD  
City-State-Zip: AVON CT 06001

Title VP/S  
Name GREGOIRE, DANIEL N  
Address 55 NOD ROAD  
City-State-Zip: AVON CT 06001

Title VP/T, DIRECTOR  
Name RUBIN, JONATHAN N  
Address 55 NOD ROAD  
City-State-Zip: AVON CT 06001

Title D  
Name SHAPIRO, IRENE  
Address 55 NOD ROAD  
City-State-Zip: AVON CT 06001

Title VP  
Name LAZAROFF, DENNIS  
Address 14100 MAGELLAN PLAZA  
City-State-Zip: MARYLAND HEIGHTS MO 63043

Title ASST. SECRETARY  
Name CUMMINGS, ANDREW M  
Address 1055 WASHINGTON BLVD.  
City-State-Zip: STAMFORD CT 06901

Title ASST. SECRETARY  
Name SMITH, MARGIE M  
Address 1203 4TH STREET SW  
City-State-Zip: CULLMAN AL 35055

**Continues on page 2**

*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

**SECRETARY & VP**

**03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name MCQUILLEN, MICHAEL P  
Address 6950 COLUMBIA GATEWAY DRIVE  
City-State-Zip: COLUMBIA MD 21046

Title ASST. SECRETARY  
Name DIBERNARDI, JOHN J  
Address 6950 COLUMBIA GATEWAY DRIVE  
City-State-Zip: COLUMBIA MD 21046

Title VP  
Name WEST, JEFFREY N  
Address 14100 MAGELLAN PLAZA  
City-State-Zip: MARYLAND HEIGHTS MO 63043