

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158675

FILED
Apr 26, 2018
Secretary of State
CC8685930442

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 4800 N. SCOTTSDALE ROAD
STE. 4400
City-State-Zip: SCOTTSDALE AZ 85251

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 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

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

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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

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name ALCORN, TERESA
Address 4800 N. SCOTTSDALE ROAD
STE. 4400
City-State-Zip: SCOTTSDALE AZ 85251