

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158675

Entity Name: MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.

Current Principal Place of Business:

8621 ROBERT FULTON DRIVE
COLUMBIA, MD 21046

Current Mailing Address:

8621 ROBERT FULTON DRIVE
COLUMBIA, MD 21046 US

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

Title VP, SECRETARY
Name MCQUILLEN, MICHAEL P
Address 8621 ROBERT FULTON DRIVE
City-State-Zip: COLUMBIA MD 21046

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

Title PRESIDENT, CEO, DIRECTOR
Name FASOLA, KENNETH
Address 4801 E. WASHINGTON STREET
City-State-Zip: PHOENIX AZ 85034

Title VP, TREASURER
Name DUKE, DERRICK
Address 4801 E. WASHINGTON STREET
City-State-Zip: PHOENIX AZ 85034

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: MICHAEL MCQUILLEN

SECRETARY

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date