

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158675

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.

**Current Principal Place of Business:**

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

**New Principal Place of Business:**

**Current Mailing Address:**

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

**New Mailing Address:**

FEI Number: 20-1919978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: LERER, RENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: COO ( ) Delete  
Name: PETRELLA, RUSSELL C  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

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

Title: VP/T ( ) Delete  
Name: DEMILIO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D ( ) Delete  
Name: DEMILIO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D ( ) Delete  
Name: SHAPIRO, IRENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO (X) Change ( ) Addition  
Name: MCCABE, ANNE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/T (X) Change ( ) Addition  
Name: RUBIN, JONATHAN N  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D (X) Change ( ) Addition  
Name: RUBIN, JONATHAN N  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL N. GREGOIRE

S

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date