


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 037 \*\*\*150.00

**DOCUMENT # P36350**  
 1. Entity Name  
**MAGELLAN HRSC, INC.**



Principal Place of Business  
**13736 RIVERPORT DRIVE**  
**400**  
**MARYLAND HEIGHTS, MO 63043 US**

Mailing Address  
**6950 COLUMBIA GATEWAY DR**  
**SUITE #400**  
**COLUMBIA, MD 21046 US**

**14010364**



2. Principal Place of Business  
**14100 Magellan Plaza**

3. Mailing Address  
 Suite, Apt. #, etc.  
**None**

04132004 Chg-P CR2E034 (10/03)

City & State  
**Maryland Heights, MO**

City & State  
 City & State

Zip  
**63043** Country **US**

Zip Country

4. FEI Number  
**34-1559960**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SANFORD, CHARLOTTE A. 6666 POWERS FERRY ROAD., STE 100 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAYER, GREG 13736 RIVERPORT DR MARYLAND HEIGHTS, MO 63043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAROFF, DENNIS J. 13736 RIVERPORT DRIVE, SUITE 400 MARYLAND HEIGHTS, MO 63043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS CUMMINGS, ANDREW M. 666 THIRD AVE 31ST FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS DEMILIO, MARK S 6950 COLUMBIA GATEWAY DR., STE 400 COLUMBIA, MD 21046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Treasurer Mark Demilio 6950 Columbia Gateway Drive Columbia, Maryland 21046 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Greg Bayer 14100 Magellan Plaza Maryland Heights, mo 63043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dennis Lazaroff 14100 Magellan Plaza Maryland Heights Mo 63043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS Andrew Cummings 90 William Street, Ste 1002 New York, NY 10038 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis D / VP Dennis P. Moody 6950 Columbia Gateway Dr Columbia, MD 21046 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **4/21/04** Daytime Phone # \_\_\_\_\_