

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/02

0577113

DOCUMENT # P36350
 1. Entity Name
~~MERIT BEHAVIORAL CARE SYSTEMS CORPORATION~~
MAGELLAN HRSC, INC. N/C 12/14/00

FILED

01 APR 30 PM 1:04

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
13736 RIVERPORT DRIVE 6950 COLUMBIA GATEWAY DR
400 SUITE #400
MARYLAND HEIGHTS MO 63043 COLUMBIA MD 21046
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SANFORD, CHARLOTTE A. <i>6666 Powers Ferry Rd Ste 100</i> 3500 PIEDMONT RD NE STE 775 ATLANTA GA 30305 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAYER, GREG 13736 RIVERPORT DR MARYLAND HEIGHTS MO 63403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BEDENBAUGH, JAMES R. <i>6666 Powers Ferry Rd Ste 100</i> 3500 PIEDMONT RD NE STE 775 ATLANTA GA 30305 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAROFF, DENNIS J. 13736 RIVERPORT DRIVE, SUITE 400 MARYLAND HEIGHTS MO 63043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS CUMMINGS, ANDREW M. <i>5th</i> 666 THIRD AVE 31ST FLOOR NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & AS Mark S. Demilio 6950 Columbia Gateway Dr, Ste 400 Columbia MD 21046

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004090636-8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark S. Demilio* **Mark S. Demilio, Sr. Vice President 4/24/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032
REFERENCE : 131817 5028257
AUTHORIZATION : Patricia Pzyub
COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001
ORDER TIME : 9:43 AM
ORDER NO. : 131817-035
CUSTOMER NO: 5028257
CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: MAGELLAN HRSC, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 10:43
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING