

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

087708

DOCUMENT # P38882

1. Entity Name
AGCA, INC.

FILED

01 APR 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3 FRIENDS LANE STE 200 NEWTOWN PA 18940 US	Mailing Address 6950 COLUMBIA GATEWAY DR. STE 400 COLUMBIA MD 21046 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	23-2204318	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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	S CUMMINGS, ANDREW M 666 THIRD AVE 31ST FLOOR NEW YORK NY 10017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SANFORD, CHARLOTTE A. 3500 PIEDMONT RD NE STE 775 ATLANTA GA 30305 30339 <input type="checkbox"/> Delete <i>6666 Powers Ferry Rd Ste 100</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BEDENBAUGH, JAMES R. 3500 PIEDMONT RD NE STE 775 ATLANTA GA 30305 30339 <input type="checkbox"/> Delete <i>6666 Powers Ferry Rd Ste 100</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAROFF, DENNIS J 13736 RIVERPORT DR, SUITE 400 MARYLAND HEIGHTS MO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & AS Mark S. Demilio 6950 Columbia Gateway Drive, Ste 400 Columbia MD 21046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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 900004090649--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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Vice President 4/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



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

ORDER DATE : April 27, 2001
 ORDER TIME : 9:46 AM
 ORDER NO. : 131817-050
 CUSTOMER NO: 5028257
 CUSTOMER: Ms. Maria Ayub
 Magellan Health Services, Inc.
 6950 Columbia Gateway Drive
 Suite 400
 Columbia, MD 21046

ANNUAL REPORT FILING

NAME: AGCA, 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