

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90026 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000002810**

1. Corporation Name  
**MAGELLAN CBHS HOLDINGS, INC.**



Principal Place of Business  
**577 MULBERRY  
 MACON GA 31298**

Mailing Address  
**577 MULBERRY  
 MACON GA 31298**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/29/1997**

2. Principal Place of Business

2a. Mailing Address

21 **6950 Columbia Gateway Dr**

26 **577 Mulberry St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Columbia, MD**

28 **Macon, GA**

Zip Country

Zip Country

24 **21046**

29 **31202**

30

4. FEI Number

**58-2213642**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>LINTON C. NEWLIN</b>
STREET ADDRESS	<b>577 MULBERRY ST.</b>
CITY-ST-ZIP	<b>MACON GA 31298</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CHARLOTTE A. SANFORD</b>
STREET ADDRESS	<b>3414 PEACHTREE RD. NE, STE. #1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, JIM R</b>
STREET ADDRESS	<b>3414 PEACHTREE ROAD NE SUITE 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HOWARD A. MCLURE</b>
STREET ADDRESS	<b>3414 PEACHTREE RD. NE, STE. #1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE
NAME	<b>JAMES R. BEDENBAUGH</b>
STREET ADDRESS	<b>3414 PEACHTREE ROAD NE SUITE 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CICHANSKI, JAMES B</b>
STREET ADDRESS	<b>3414 PEACHTREE ROAD NE SUITE 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Pres Craig L. McKnight</b>
3.3 STREET ADDRESS	<b>3414 Peachtree Rd NE Ste 1400</b>
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Asst. Sec. Michelle H. Ancosky</b>
4.3 STREET ADDRESS	<b>3414 Peachtree Rd NE Ste 1400</b>
4.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Asst. Sec./Dir.</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP/Dir. David J. Hansen</b>
6.3 STREET ADDRESS	<b>3414 Peachtree Rd NE Ste 1400</b>
6.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(912) 742-1161

CR2E034 (11/98)