

# 2000 UNIFORM BUSINESS REPORT (UBR)

*PS 192*

DOCUMENT # F97000002810

1. Entity Name  
MAGELLAN-CBHS HOLDINGS, INC.

FILED

00 SEP 13 PM 3: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6950 COLUMBIA GATEWAY DR  
COLUMBIA MD 21046

Mailing Address  
577 MULBERRY  
MACON GA 31202

2. Principal Place of Business

3. Mailing Address  
*6950 Columbia Gateway Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
*400*

City & State

City & State  
*Columbia MD 21046*

4. FEI Number **58-2213642**

Applied For  
 Not Applicable

Zip

Country

Zip

Country  
*Howard*

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SO	LINTON C. NEWLIN	577 MULBERRY ST.	MACON GA 31298	<input type="checkbox"/>
T	CHARLOTTE A. SANFORD	3414 PEACHTREE RD NE, STE 1400	ATLANTA GA 30326	<input type="checkbox"/>
P	MCKNIGHT, CRAIG L	3414 PEACHTREE RD NE, STE 1400	ATLANTA GA 30326	<input checked="" type="checkbox"/>
AS	ANCOSKY, MICHELLE H	3414 PEACHTREE RD NE, STE 1400	ATLANTA GA 30326	<input checked="" type="checkbox"/>
ASD	JAMES R. BEDENBAUGH	3414 PEACHTREE RD NE, STE 1400	ATLANTA GA 30326	<input type="checkbox"/>
VD	HANSEN, DAVID J	3414 PEACHTREE RD NE, STE 1400	ATLANTA GA 30326	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			000003392190--9	
T/D	Charlotte Sanford	6666 Powers Ferry Road, Suite 100	Atlanta GA 30339	<input type="checkbox"/>
P/D	Clarissa C. Marques	6950 Columbia Gateway Drive, # 400	Columbia MD 21046	<input checked="" type="checkbox"/>
VIS/D	Mark S. Demilio	6950 Columbia Gateway Drive, # 400	Columbia MD 21046	<input checked="" type="checkbox"/>
AS	James R. Bedenbaugh	6666 Powers Ferry Road, Suite 100	Atlanta, GA 30339	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

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: \_\_\_\_\_

**REQUIRED**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*MARK S. DEMILIO, VICE PRESIDENT & SECRETARY*

*9/8/00*  
Date

*410-953-4702*  
Daytime Phone #

CR2E034 (5/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 827597 5028257

AUTHORIZATION :

COST LIMIT : \$ 550.00

*Patricia Pizito*

ORDER DATE : September 12, 2000

ORDER TIME : 9:48 AM

ORDER NO. : 827597-005

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 CBHS HOLDINGS, INC.

RECEIVED  
00 SEP 13 AM 10:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

*Janna Wilson*

EXAMINER'S INITIALS: \_\_\_\_\_