

**2000 UNIFORM BUSINESS REPORT (UBR)**

*PS192*

**DOCUMENT # G52664**

1. Entity Name  
**FLORIDA HEALTH FACILITIES, INC.**

Principal Place of Business  
6950 COLUMBIA GATEWAY DR  
COLUMBIA MD 21046  
US

Mailing Address  
577 MULBERRY STREET  
MACON GA 31202

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
*6950 Columbia Gateway Drive*  
Suite, Apt. #, etc.  
*Suite 400*

City & State  
*Columbia MD*

Zip  
*21046*

Country  
*Howard*

**FILED**  
**00 SEP 13 PM 3:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1860493** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**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 \_\_\_\_\_ (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.  **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 <b>D</b>	<b>J. KEVIN HELMINTOLLER</b> 3414 PEACHTREE RD NE, STE 1400 ATLANTA GA 30326	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>700003392187--8</b>
<input checked="" type="checkbox"/> Delete		TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DP</b>	<b>BROWN, D. KEITH</b> 3414 PEACHTREE RD NE, STE 1400 ATLANTA GA 30326	NAME <i>Clarissa C. Marques</i>	<i>6950 Columbia Gateway Drive, Suite 400</i> <i>Columbia MD 21046</i>
<input type="checkbox"/> Delete		TITLE <b>D/V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<b>ANCOSKY, MICHELLE H</b> 3414 PEACHTREE RD NE, STE 1400 ATLANTA GA 30326	NAME <i>Mark S. Demilio</i>	<i>6950 Columbia Gateway Drive, Suite 400</i> <i>Columbia MD 21046</i>
<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPAS</b>	<b>MARGIE M. SMITH</b> 577 MULBERRY ST. MACON GA 31202	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	<b>NEWLIN, LINTON C</b> 577 MULBERRY ST. MACON GA 31202	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<b>SANFORD, CHARLOTTE A</b> 3414 PEACHTREE RD NE, STE 1400 ATLANTA GA	NAME <i>Charlotte A. Sanford</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		STREET ADDRESS <i>666 Powers Ferry Road, # 100</i>	<b>SP</b>
		CITY-ST-ZIP <i>Atlanta GA 30339</i>	

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* **SIGNATURE REQUIRED** **9/10/00** **410-953-4702**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)



ACCOUNT NO. : 072100000032  
REFERENCE : 827597 5028257  
AUTHORIZATION :  
COST LIMIT : \$ 550.00

*Patricia Pizot*

ORDER DATE : September 12, 2000  
ORDER TIME : 9:56 AM  
ORDER NO. : 827597-055  
CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub  
Magellan Health Services, Inc.  
6950 Columbia Gateway Drive  
Suite 400  
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: FLORIDA HEALTH FACILITIES,  
INC.

RECEIVED  
00 SEP 13 AM 10:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
AFFAIRS/ST. JEFFERSON

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 W. 150*  
EXAMINER'S INITIALS: \_\_\_\_\_