

# 2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 1

0577103

**DOCUMENT # G52664**

1. Entity Name

**FLORIDA HEALTH FACILITIES, INC.**

**FILED**

01 APR 30 PM 2: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6950 COLUMBIA GATEWAY DR., #400  
COLUMBIA MD 21046  
US

6950 COLUMBIA GATEWAY DR., #400  
COLUMBIA MD 21046  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1860493**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUES, CLARISSA C 6950 COLUMBIA GATEWAY DR., #400 COLUMBIA MD 21046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEMILIO, MARK S 6950 COLUMBIA GATEWAY DR., #400 COLUMBIA MD 21046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SMITH, MARGIE M 577 MULBERRY ST. 125 Plantation Center Dr MACON GA 31202 31221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWLIN, LINTON C 577 MULBERRY ST. 125 Plantation Center Dr MACON GA 31202 31221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANFORD, CHARLOTTE A 6666 POWERS FERRY RD., #100 ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	300004090683-5	<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 Pizit*

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001

ORDER TIME : 9:50 AM

ORDER NO. : 131817-070

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.

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