(1)

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TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P96000053996

1. Corporation Name

CARE MANAGEMENT RESOURCES, INC.

Principal Place of Business	Mailing Address
6950 Columbia Gateway Drive Suite 400 Columbia, MD 21046	577 Mulberry Street Macon, GA 31202

REINSTATEMENT 99

3. Date Incorporated or Qualified: June 25, 1996

2. Principal Place of Business	2a. Mailing Address
21 6950 Columbia Gtwy. Dr.	26 577 Mulberry Street
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Columbia, MD	City & State 28 Macon, GA
Zip / Country 24 21046 25 USA	Zip / Country 29 31202 30 USA

4. FEI Number: 65-0681434 — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

31 Name: no change
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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: Nichole Y. Hall, Assistant Secretary — Nichole Y. Hall, Assistant Sec. 12/13/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Cherie Fuzzell [X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Director Clarissa C. Marques, Ph.D. 6950 Columbia Gateway Dr., Ste. 400 Columbia, MD 21046 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Craig McKnight [X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary/Tres./Direct A. Thomas Pedroni, Jr., Esq. 6950 Columbia Gateway Dr., Ste. 400 Columbia, MD 21046 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John Lincoln 3514 Sunrise Drive Key West, Florida 33040 [ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	LS [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition 500003069225--0

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: A. Thomas Pedroni — A. Thomas Pedroni 10-1-99 410.953.1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 513949 5028257

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : December 13, 1999

ORDER TIME : 10:0 AM

ORDER NO. : 513949-005

CUSTOMER NO: 5028257

CUSTOMER: Mr. Don Keough
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: CARE MANAGEMENT RESOURCES, INC.

RECEIVED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: _____