

# 2000 UNIFORM BUSINESS REPORT (UBR)

P8192

DOCUMENT # P96000053996

FILED

00 SEP 13 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**CARE MANAGEMENT RESOURCES, INC.**

Principal Place of Business  
6950 COLUMBIA GTWY. DR.  
SUITE 400  
COLUMBIA MD 21046

Mailing Address  
577 MULBERRY STREET  
MACON GA 31202



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0681434

Applied For  
Not Applicable

Zip

Country

Zip 21046

Country Howard

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

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 \_\_\_\_\_ 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 \$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	PD	<input type="checkbox"/> Delete
NAME	MARQUES, CLARISSA C	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR., STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PEDRONI, A. THOMAS JR.	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR., STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LINCOLN, JOHN	
STREET ADDRESS	3514 SUNRISE DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003392194--7	
CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark S. Demilio	
STREET ADDRESS	6950 Columbia Gateway Drive, #400	
CITY-ST-ZIP	Columbia MD 21046	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Harbin	
STREET ADDRESS	6950 Columbia Gateway Drive, #400	
CITY-ST-ZIP	Columbia MD 21046	
TITLE	V/IAT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linton C. Newlin	
STREET ADDRESS	577 Mulberry Street	
CITY-ST-ZIP		
TITLE	V/I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James R. Bodenbaugh	
STREET ADDRESS	6666 Powers Ferry Road	SP
CITY-ST-ZIP	Atlanta GA 30339	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Thomas Pedroni	
STREET ADDRESS	6950 Columbia Gateway Drive #400	
CITY-ST-ZIP	Columbia MD 21046	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARK S. DEMILIO, VP & SECRETARY

9/8/00  
Date

410-953-4702  
Daytime Phone #



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

*Patricia Pajito*

ORDER DATE : September 12, 2000  
ORDER TIME : 9:52 AM  
ORDER NO. : 827597-025  
CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: CARE MANAGEMENT RESOURCES,  
INC.

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: \_\_\_\_\_

RECEIVED  
00 SEP 13 AM 10:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA