

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004712

Entity Name: MAGELLAN PHARMACY SOLUTIONS, INC.**Current Principal Place of Business:**8621 ROBERT FULTON DRIVE
COLUMBIA, MD 21046**Current Mailing Address:**8621 ROBERT FULTON DRIVE
COLUMBIA, MD 21046 US**FEI Number:** 45-5337607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P, CEO
Name	KAMAL, MOSTAFA
Address	15950 N. 76TH STREET STE. 200
City-State-Zip:	SCOTTSDALE AZ 85260

Title	ASST. SECRETARY
Name	SMITH, MARGIE M
Address	1203 4TH STREET SW
City-State-Zip:	CULLMAN AL 35055

Title	VP, SECRETARY, DIRECTOR
Name	HADDOCK, DAVID
Address	4801 E. WASHINGTON STREET
City-State-Zip:	PHOENIX AZ 85034

Title	VP, TREASURER, DIRECTOR
Name	RUBIN, JONATHAN
Address	55 NOD ROAD
City-State-Zip:	AVON CT 06001

Title	VP, FINANCE
Name	HADDOCK, VICTOR
Address	14100 MAGELLAN PLAZA
City-State-Zip:	MARYLAND HEIGHTS MO 63043

Title	DIRECTOR
Name	FASOLA, KENNETH
Address	4801 E. WASHINGTON STREET
City-State-Zip:	PHOENIX AZ 85034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGIE SMITH**ASSISTANT SECRETARY** 06/08/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date