

839906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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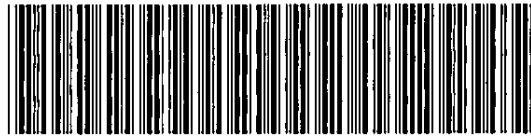
(Business Entity Name)

(Document Number)

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N.C.
C.COULLIETTE

JUN 15 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 410359 5028257

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : June 9, 2010

ORDER TIME : 10:57 AM

ORDER NO. : 410359-050

CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: FIRST HEALTH SERVICES
CORPORATION

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

1. First Health Services Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Virginia

(Incorporated under laws of)

3. 1/26/1978

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 5/6/2010

5. Magellan Medicaid Administration, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

n/a

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

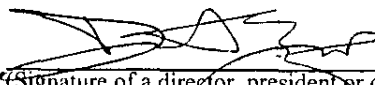
n/a

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a

(New jurisdiction)



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Daniel N. Gregoire

(Typed or printed name of person signing)

VP & Secretary

(Title of person signing)

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Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

The name of FIRST HEALTH SERVICES CORPORATION was changed to MAGELLAN MEDICAID ADMINISTRATION, INC. pursuant to a certificate of amendment issued by the Commission effective as of May 06, 2010.

MAGELLAN MEDICAID ADMINISTRATION, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is December 4, 1968.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
June 10, 2010*



Joel H. Peck

Joel H. Peck, Clerk of the Commission