

FOODWORLD 2581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

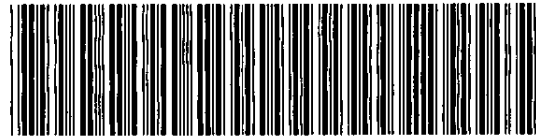
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS
2014 JUN -5 AM 12:43
TO: AMBASSADOR
SUFFICIENT FOR FILING

NC

JUN -6 2014

R. WHITE

16 JUN -6 2014
FALL 4th 10:00 AM
10:00 AM



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 163041 5028257

AUTHORIZATION :

COST LIMIT :

Luis Aleman
\$ 35.00

ORDER DATE : June 3, 2014

ORDER TIME : 8:50 AM

ORDER NO. : 163041-060

CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: MAGELLAN BEHAVIORAL HEALTH,
INC.

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: Emily Gray -- EXT# 62925

EXAMINER: _____

(Pursuant to s. 607.1504, F.S.)

F00000002581

MAGELLAN BEHAVIORAL HEALTH, INC.

2. DELAWARE

3. 5/9/2000

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/2/14

5 MAGELLAN HEALTHCARE, INC.

(New duration)

(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)

MICHAEL P. MCQUILLEN

ASSISTANT SECRETARY

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGELLAN BEHAVIORAL HEALTH, INC.
Name of Corporation

DOCUMENT NUMBER: F00000002581

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA AYUB

Name of Contact Person

Firm/Company

6950 COLUMBIA GATEWAY DRIVE

Address

COLUMBIA, MD 21046

City/State and Zip Code

MAAYUB@magellanhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MAGELLAN BEHAVIORAL HEALTH, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MAGELLAN HEALTHCARE, INC.", THE SECOND DAY OF JUNE, A.D. 2014, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN HEALTHCARE, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 1998.

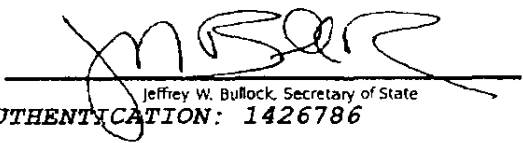
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2980112 8320

140798527



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1426786

DATE: 06-05-14