FOODWS1

(Requestor's Name) (Address) (Address)	80026
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	JUN - 6 2014 R. WHITE

Office Use Only



800260858888

SUFFICIENCY OF FILING

STATE STATE STATE AND MINE AND





ON SERVICE COMPANY		
ACCOUNT NO. : 12000000195		
REFERENCE : 163041 5028257		
AUTHORIZATION :		
COST LIMIT : SINGS CON		
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		
FXAMINED.		

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA PALLANDON LONGO DA

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

SECTION I (1-3 MUST BE COMPLETED)

F00000002581	
(Document number of corporation (if known)	
L. MAGELLAN BEHAVIORAL HEALTH, INC.	
	rs on the records of the Department of State)
2. DELAWARE	3. 5/9/2000 (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
	CCTION II Y THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporat	ion, when was the change effected under the laws of
its jurisdiction of incorporation? 6/2/14	
5 MAGELLAN HEALTHCARE, INC.	
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new r	suffix "corporation," "company," or "incorporated," or name of the corporation)
(If new name is unavailable in Florida, enter alternations business in Florida)	e corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, in	dicate new period of duration.
(N	ew duration)
7. If the amendment changes the jurisdiction of incorp	oration, indicate new jurisdiction.
(Nev	v jurisdiction)
mal	ort, evidencing the amendment, authenticated not more than epartment of State, by the Secretary of State or other official on under the laws of which it is incorporated.
(Signature of a director, president or other officer - if i of a receiver or other court appointed fiduciary, by that	n the hands at fiduciary)
MICHAEL P. MCQUILLEN	ASSISTANT SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MAGELLAN BEHAVIORAL HEAL'	TH, INC.
	of Corporation
DOCUMENT NUMBER: F00000002581	
The enclosed Amendment and fee are submit	itted 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 annu	al report notification)
For further information concerning this matt	er, please call:
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	ıt:
\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$552.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section

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

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

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1426786

DATE: 06-05-14

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