

Fax  
Division of Cor

8/13/2010 4:59:35 PM

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RESUBM

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 13 AM 9:40

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FIRST HEALTH SERVICES OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04 05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAGELLAN MEDICAID ADMINISTRATION, INC.  
6950 Columbia Gateway Drive  
Columbia, MD 21046  
(410) 953-1000

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June 24, 2010

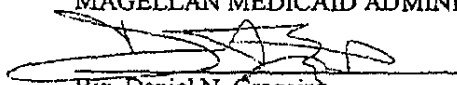
To Whom It May Concern:

Re: Consent to Use of Name

Dear Sir or Madam:

Please be advised that Magellan Medicaid Administration, Inc., a Virginia corporation currently qualified to do business in the State of Florida, hereby consents to the use of such similar name by its affiliate, Magellan Medicaid Administration of Florida, Inc., in the State of Florida.

MAGELLAN MEDICAID ADMINISTRATION, INC.

  
By: Daniel N. Gregoire  
Its: Vice President and Secretary

B52-5476381

8/13/2010 4:52:56 PM PAGE 210091 FAX Server

\*\*\*\*\*RESUBMIT\*\*\*\*\*



August 13, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FIRST HEALTH SERVICES OF FLORIDA, INC.  
6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

SUBJECT: FIRST HEALTH SERVICES OF FLORIDA, INC.  
REF: F04000003966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certification from Delaware shows the name change was filed on June 17, 2010, please correct the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H10000182548  
Letter Number: 110A00019542

RECEIVED  
2010 AUG 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**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 of Florida, Inc.

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

2. Delaware

(Incorporated under laws of)

3. 7/13/04

(Date authorized to do business in Florida)

FILED  
2010 AUG 13 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, 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? 06/17/2010

5. Magellan Medicaid Administration of Florida, 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)

(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)

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FIRST HEALTH SERVICES OF FLORIDA, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MAGELLAN MEDICAID ADMINISTRATION OF FLORIDA, INC.", THE SEVENTEENTH DAY OF JUNE, A.D. 2010, AT 2:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST HEALTH SERVICES OF FLORIDA, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 1997.

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.

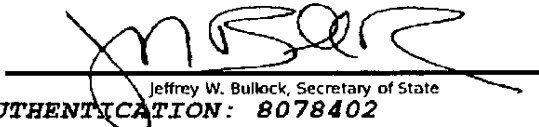
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2810362 8320

100690451

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8078402

DATE: 06-25-10