

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003966

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** MAGELLAN MEDICAID ADMINISTRATION OF FLORIDA, INC.

**Current Principal Place of Business:**

4300 COX ROAD  
GLEN ALLEN, VA 23060

**New Principal Place of Business:**

**Current Mailing Address:**

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

**New Mailing Address:**

**FEI Number:** 54-1890081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NOLAN, TIMOTHY  
Address: 4300 COX ROAD  
City-St-Zip: GLEN ALLEN, VA 23061

Title: SDVP  
Name: GREGOIRE, DANIEL N  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: T/AS  
Name: SHAPIRO, IRENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: VP/D  
Name: RUBIN, JONATHAN N  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: VP  
Name: NEWLIN, LINTON C  
Address: 1203 4TH STREET, SW  
City-St-Zip: CULLMAN, AL 35055

Title: D  
Name: LERER, RENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

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: DANIEL N. GREGOIRE

SECY

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date