2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# F04000003966

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 SDVP 04/25/2012

Electronic Signature of Signing Officer or Director — Date