

2001 UNIFORM BUSINESS REPORT (UBR)

8192

0608789

DOCUMENT # F92000000792

1. Entity Name

GROUP PLAN CLINIC, INC.

FILED

01 APR 30 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

24 GREENWAY PLAZA
SUITE 725
HOUSTON TX 77046

Mailing Address

6850 COLUMBIA GATE WAY DR.
STE 400
COLUMBIA MD 21046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 74-2017248

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete
NAME ANCOSKY, MICHELREH
STREET ADDRESS 3414 PEACHTREE ROAD NE-STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE VP & Assistant Secretary ☒ Change ☐ Addition
NAME Mark S. Demilio
STREET ADDRESS 6850 Columbia Gateway Drive, #400
CITY-ST-ZIP Columbia MD 21046

TITLE EVCF ☐ Delete
NAME SMITH, JOSEPH V
STREET ADDRESS 24 GREENWAY PLAZA, SUITE 725
CITY-ST-ZIP HOUSTON TX 77046

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVT ☐ Delete
NAME SANFORD, CHARLOTTE A.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CT ☐ Delete
NAME CHARLESON, DONNA
STREET ADDRESS 24 GREENWAY PLAZA, SUITE 725
CITY-ST-ZIP HOUSTON TX 77046

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAS ☐ Delete
NAME BEDENBAUGH, JAMES R.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME LANG, MARIAN
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. DEMILIO

4/24/01

Date

4109534702

Daytime Phone #

CR2E034 (10/00)

18292



ACCOUNT NO. : 072100000032
REFERENCE : 131817 5028257
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001
ORDER TIME : 10:03 AM
ORDER NO. : 131817-105
CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: GROUP PLAN CLINIC, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED
DIVISION OF STATE
CORPORATIONS
2001 APR 30 AM 10:42
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING