mala !

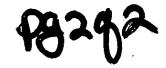
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9200000792 1. Entity Name GROUP PLAN CLINIC, INC.									7)	
							FILLED				
							01 APR 30 PM 12: 56				
Principal Place of Business Mailing Address						CEONETHYNA OC. CTANTE					
4 Greenway Plaza UITE 725 Ouston TX 77046			6850 COLUMBIA GATE WAY DR. STE 400 COLUMBIA MD 21046				SECRETANITOFISTATE PARLIAHASSEE, AFILORIDA				
			US						A Br ier (arie ir ii		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number 74-20	17248		plied For t Applicable	
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired			\$8.75 Addi	itional	
	6. Name	and Address of Current	Registered Agent				7. Name and Address of	New Registered /	Agent		
					Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street A	Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525						-					
					City		112	FL	Zip Code)	
8. The above	named entit	y submits this statement for	or the purpose of cha	anging its registe	red office o	r registere	d agent, or both, in the Sta	e of Florida.			
SIGNATURE .	Cionatura hanad	or printed name of registered agent	t and title if applicable	(NOTE: Register	red Agent signat	ure required w	hen 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!!! After MAY 1, 2001 Make Check Payable					e will be \$5	550.00	10. Election Campa Trust Fund Con	-		May Be to Fees	
11.	ila Uli Dauk)	OFFICERS AND	1	12		U State	ADDITIONS/CHANGES	O OFFICERS AND	DIRECTORS	S IN 11	
TITLE	AS	OFFICENS AND	DIALCTORIS			VP8/	Assistant Secret	ary	Change	Addition	
NAME	ANCOSKY, MICHELREH				ME	Mark	rt S. Deimluo				
STREET ADDRESS					REET ADDRESS	69500	950 Columbia Gloteway Drive, #400				
CITY-ST-ZIP	AIDAIN ON OCCU				Y-ST-ZIP	Colu	mbia MD 21046	<u>, </u>		- Addition	
TITLE	EVCF	NOEDLI V	□ o	elete TIT					☐ Change	Addition	
NAME STREET ADORESS	SMITH, JO	IWAY PLAZA, SUITE 7.	25		REET ADDRESS						
CITY-ST-ZIP		TX 77046	20	Cit	Y-ST-ZIP						
TITLE	DVT		□ D	elete TIT	LE		20000		Change	Addition	
NAME	SANFORD, CHARLOTTE A.			NA			2000	HUBUS	5 -7 c		
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •				REET ADDRÉSS 'Y-ST-ZIP						
CITY-ST-ZIP	CT	GA 30326							☐ Change	Addition	
TITLE NAME	1 -	ON, DONNA	□ D ₁	elete TIT NA							
STREET ADDRESS		IWAY PLAZA, SUITE 7	25		REET ADDRESS						
CITY-ST-ZIP		TX 77046		CIT	Y-ST-ZIP						
TITLE	DAS		□ 0:						☐ Change	Addition	
NAME	BEDENBAUGH, JAMES R.				ME REET ADDRESS						
STREET ADORESS CITY-ST-ZIP								•			
TITLE	AS	W1 00020	X D		Y-ST-ZIP LE			<u> </u>	Change	Addition	
NAME	LANG, MA	RIAN)	NA.						_	
STREET ADDRESS	3414 PEA	CHTREE ROAD N.E., S	SUITE 1400		REET ADDRESS	1			SF	7	
CITY-ST-ZIP ATLANTA GA 30326					Y-ST-ZIP	<u></u>					
13. Lhereby r	certify that th	e information supplied with	h this filing does not	qualify for the ex	emption sta	ted in Sect	tion 119.07(3)(i), Florida St	atutes. I further cer	ary that the in	tormation I	

Thereby certify that the information supplied with this him gloss not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 eath; 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:

MARKS DEMILLO





ACCOUNT NO. : 072100000032

REFERENCE: 131817

5028257

AUTHORIZATION

COST LIMIT

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 PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

