

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0577125

DOCUMENT # F94000001109

1. Entity Name  
AMERICAN BIODYNE, INC.

Principal Place of Business  
400 OYSTER POINT BLVD., STE 306  
SOUTH SAN FRANCISCO CA 94080

Mailing Address  
6950 COLUMBIA GATEWAY DR.  
STE 400  
COLUMBIA FL 21046  
US

FILED

01 APR 30 PM 3.01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3178047

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
SANFORD, CHARLOTTE A 666 Powers Ferry Rd Ste 100  
3500-PIEDMONT ROAD NE STE 775  
ATLANTA GA 30305 30339

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DAS  
BEDEBBAUGH, JAMES R. 666 Powers Ferry Rd Ste 100  
3500-PIEDMONT ROAD NE STE 775  
ATLANTA GA 30305 30339

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CUMMINGS, ANDREW M 5th  
666 THIRD AVE 34ST FLOOR  
NEW YORK NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300004090659--7

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LAZAROFF, DENNIS J  
13736 RIVERPORT DRIVE., STE 400  
MARYLAND HEIGHTS MO

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Dennis Moody  
6950 Columbia Gateway Drive, Ste 400  
Columbia MD 21046

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP & Assistant Secretary  
Mark S. Demilio  
6950 Columbia Gateway Drive, Ste 400  
Columbia MD 21046

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
78

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, Vice President 4/24/01

Date Daytime Phone #

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

*Patricia Pizit*

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001

ORDER TIME : 9:52 AM

ORDER NO. : 131817-080

CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: AMERICAN BIODYNE, 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  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 30 AM 10:44  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING