

2001 UNIFORM BUSINESS REPORT (UBR)

0577124

DOCUMENT # F94000002679

1. Entity Name

GREEN SPRING HEALTH SERVICES, INC.

FILED

01 APR 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6950 COLUMBIA GATEWAY DRIVE., SUITE 400
COLUMBIA MD 21046

Mailing Address

6950 COLUMBIA GATEWAY DRIVE., SUITE 400
COLUMBIA MD 21046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 51-0347297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME HARBIN, HENRY
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

TITLE S ☒ Delete
NAME FITCH, JOYCE
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

TITLE D ☐ Delete
NAME MARQUES, CLARISSA
STREET ADDRESS 6950 COLUMBIA GATEWAY DR STE 400
CITY-ST-ZIP COLUMBIA MD 21046

TITLE D ☒ Delete
NAME WIDER, JOHN J
STREET ADDRESS 6950 COLUMBIA GATEWAY DR STE 400
CITY-ST-ZIP COLUMBIA MD 21046

TITLE T ☒ Delete
NAME ARNDT, KEN
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

TITLE VP ☒ Delete
NAME KANACH, CHUCK
STREET ADDRESS 6950 COLUMBIA GATEWAY DRIVE., SUITE 400
CITY-ST-ZIP COLUMBIA MD 21046

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 600004090666-5
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Daniel S. Messina, Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 6950 Columbia Gateway Drive, Ste 400
CITY-ST-ZIP Columbia MD 21046

TITLE VPI/AS ☐ Change ☐ Addition
NAME Mark S. Demilio
STREET ADDRESS 6950 Columbia Gateway Drive, Ste 400
CITY-ST-ZIP Columbia MD 21046

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), 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)



ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizot

ORDER DATE : April 27, 2001

ORDER TIME : 10:01 AM

ORDER NO. : 131817-090

CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: GREEN SPRING HEALTH SERVICES,
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