FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

APPROVED AND FILED

98 MAR 30 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002455

1. Corporation Name
MBC OF AMERICA, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1995

2. Principal Place of Business
21 ONE MAYNARD DRIVE
Suite, Apt. #, etc.: 22
City & State: 23 PARK RIDGE NJ
Zip: 24 07656 Country: 25 USA

2a. Mailing Address
26 3414 PEACHTREE ROAD, NE
Suite, Apt. #, etc.: 27 SUITE 1400
City & State: 28 ATLANTA GA
Zip: 29 30326 Country: 30 USA

4. FEI Number: 22-3329004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or print name of person signing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/V	☒ DELETE	1.1 TITLE	D/V/T	☐ Change ☒ Addition
NAME	CERATY, RONALD D.		1.2 NAME	SANFORD, CHARLOTTE A.	
STREET ADDRESS	ONE MAYNARD DRIVE		1.3 STREET ADDRESS	3414 PEACHTREE ROAD, NE, STE 1400	
CITY-ST-ZIP	PARK RIDGE, NJ 07656		1.4 CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	D/V/T	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HALPER, ARTHUR H.		2.2 NAME	BEDENBAUGH, JAMES R.	
STREET ADDRESS	ONE MAYNARD DRIVE		2.3 STREET ADDRESS	3414 PEACHTREE ROAD, NE, STE 1400	
CITY-ST-ZIP	PARK RIDGE NJ 07656		2.4 CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	D/V/S	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LENAHAN, MICHAEL G.		3.2 NAME	FUZZELL, CHERIE	
STREET ADDRESS	ONE MAYNARD DRIVE		3.3 STREET ADDRESS	3414 PEACHTREE ROAD, NE, STE 1400	
CITY-ST-ZIP	PARK RIDGE NJ 07656		3.4 CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	D/P	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	SURLES, RICHARD C.		4.2 NAME	SURLES, RICHARD C.	
STREET ADDRESS	ONE MAYNARD DRIVE		4.3 STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656		4.4 CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	D/C	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WAXMAN, ALBERT S.		5.2 NAME	500002471955--6	
STREET ADDRESS	ONE MAYNARD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ 07656		5.4 CITY-ST-ZIP		
TITLE	V/S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	CUMMINGS, ANDREW M.		6.2 NAME	CUMMINGS, ANDREW M.	
STREET ADDRESS	ONE MAYNARD DRIVE		6.3 STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656		6.4 CITY-ST-ZIP	PARK RIDGE, NJ 07656	

A. Allen 3/30/98

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or added, by an amendment, or my address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

CR2E034 (10/97)

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 760443 5028257

AUTHORIZATION Patricia Pyatt

COST LIMIT ~~$150.00~~

ORDER DATE : March 30, 1998

ORDER TIME : 11:27 AM

ORDER NO. : 760443-005

CUSTOMER NO: 5028257

CUSTOMER: Ms. Robin E. Graves
Magellan Health Services, Inc.
3414 Peachtree Rd., N.e.
Suite 1400
Atlanta, GA 30326

ANNUAL REPORT FILING

NAME: MBC OF AMERICA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS: A. Alan 3/30/98

98 MAR 30 PM 12:07
OFFICE OF CORPORATION