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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

APPROVED AND FILED

98 MAR 30 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ (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	GERATY, 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. Alm 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 will be added to the next annual report within the address.

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

Date: _____ Daytime Phone #

CR2E034 (10/97)

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CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 760443 5028257

AUTHORIZATION Patricia Pyjit

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 AM 12:07
DIVISION OF CORPORATION
RECEIVED