

2001. UNIFORM BUSINESS REPORT (UBR)

0608791

48192

DOCUMENT # F95000002455

1. Entity Name
MBC OF AMERICA, INC.

FILED

01 APR 30 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6950 COLUMBIA GATEWAY DR.
STE 400
COLUMBIA MD 21046
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3329004

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 32301-2525

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	DVT	<input type="checkbox"/> Delete
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3500 REDMONT RD NE STE 775 4666 Powers Ferry Road	
CITY-ST-ZIP	ATLANTA GA 30305-30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, JAMES R	
STREET ADDRESS	3500 REDMONT REDD NE STE 775 4666 Powers Ferry Rd	
CITY-ST-ZIP	ATLANTA GA 30305-30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZAROFF, DENNIS J	
STREET ADDRESS	13736 RIVERPORT DR-STE 400	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63403	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUMMINGS, ANDREW M 5TH	
STREET ADDRESS	666 THIRD AVENUE 3RD-FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	President	<input type="checkbox"/> Delete
NAME	Dennis Moody	
STREET ADDRESS	6950 Columbia Gateway Dr, Ste 400	
CITY-ST-ZIP	Columbia MD 21046	
TITLE	Vice President & Asst. Secty	<input type="checkbox"/> Delete
NAME	Mark S. Demilio	
STREET ADDRESS	6950 Columbia Gateway Drive, Ste 400	
CITY-ST-ZIP	Columbia MD 21046	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 : 10:03 AM

ORDER NO. : 131817-100

CUSTOMER NO: 5028257

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

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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 10 42
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING