

# 2001 UNIFORM BUSINESS REPORT (UBR)

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057134

DOCUMENT # F95000003743

1. Entity Name

CMG HEALTH, INC.

FILED

01 APR 30 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

25 CROSSROADS DR., STE 200  
OWINGS MILL MD 21117

6950 COLUMBIA GATEWAY DR  
SUITE #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 52-1473182

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 ☐ Delete  
NAME SANFORD, CHARLOTTE A 6666 Powers Ferry Rd  
STREET ADDRESS 3500 PIEMONT ROAD NE STE 775  
CITY-ST-ZIP ATLANTA GA 30305-30339 Ste 100

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 400004090634--5  
CITY-ST-ZIP

TITLE DAS ☐ Delete  
NAME BEDENBAUCH, JAMES R. 6666 Powers Ferry Rd  
STREET ADDRESS 3500 PIEMONT ROAD NE STE 775  
CITY-ST-ZIP ATLANTA GA 30305 30339 Ste 100

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

TITLE AS Secretary ☐ Delete  
NAME CUMMINGS, ANDREW M.  
STREET ADDRESS 666 THIRD AVENUE 5TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE VP & AS ☐ Delete  
NAME Mark S. Demilio  
STREET ADDRESS 6950 Columbia Gateway Dr, Ste 400  
CITY-ST-ZIP Columbia MD 21046

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

TITLE P ☐ Delete  
NAME Dennis Moody  
STREET ADDRESS 6950 Columbia Gateway Dr, Ste 400  
CITY-ST-ZIP Columbia MD 21046

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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)



ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

*Patricia Pizub*

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001

ORDER TIME : 9:41 AM

ORDER NO. : 131817-025

CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: CMG HEALTH, 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 10:43  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING