

2001 UNIFORM BUSINESS REPORT (UBR)

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0577122

DOCUMENT # F96000000869

1. Entity Name
MBC NATIONAL SERVICE CORPORATION

FILED

01 APR 30 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA MD 21046
US

Mailing Address
6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA MD 21046
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3423645

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

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. Webb Powers Ferry Rd,	
STREET ADDRESS	3500 PIEDMONT RD NE STE 775	Ste 100
CITY-ST-ZIP	ATLANTA GA 30305-30339	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, JAMES R. Webb Powers Ferry Rd,	
STREET ADDRESS	3500 PIEDMONT RD NE STE 775	Ste 100
CITY-ST-ZIP	ATLANTA GA 30305-30339	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZAROFF, DENNIS J.	
STREET ADDRESS	13736 RIVERPORT DRIVE, SUITE 400	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS, ANDREW M. 5th	
STREET ADDRESS	666 THIRD AVE 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	P	<input type="checkbox"/> Delete
NAME	Dennis Moody,	
STREET ADDRESS	6950 Columbia Gateway Drive, Ste 400	
CITY-ST-ZIP	Columbia MD 21046	
TITLE	VP & AS	<input type="checkbox"/> Delete
NAME	Marks, 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		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Marks, Demilio
Vice President

4/24/01

Date

Daytime Phone #

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032
REFERENCE : 131817 5028257
AUTHORIZATION : *Patricia Pzyt*
COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001
ORDER TIME : 9:51 AM
ORDER NO. : 131817-075
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 NATIONAL SERVICE CORPORATION

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