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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002810

1. Corporation Name
MAGELLAN CBHS HOLDINGS, INC.

Principal Place of Business

**577 MULBERRY
MACON GA 31298**

Mailing Address

**577 MULBERRY
MACON GA 31298**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

58-2213642

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6950 Columbia Gateway Dr

2a. Mailing Address

26 577 Mulberry St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Columbia, MD

City & State

28 Macon, GA

Zip

24 21046

Country

Zip

29 31202

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINTON C. NEWLIN	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31298	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHARLOTTE A. SANFORD	
STREET ADDRESS	3414 PEACHTREE RD. NE, STE. #1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JIM R	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD A. MCLURE	
STREET ADDRESS	3414 PEACHTREE RD. NE, STE. #1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	JAMES R. BEDENBAUGH	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CICHANSKI, JAMES B	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pres
3.3 STREET ADDRESS	Craig L. McKnight
3.4 CITY-ST-ZIP	3414 Peachtree Rd NE Ste 1400
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Asst. Sec.
4.3 STREET ADDRESS	Michelle H. Ancosky
4.4 CITY-ST-ZIP	3414 Peachtree Rd NE Ste 1400
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Asst. Sec. / Dir.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP/Dir
6.3 STREET ADDRESS	David J. Hansen
6.4 CITY-ST-ZIP	3414 Peachtree Rd NE Ste 1400

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)