

2001 UNIFORM BUSINESS REPORT (UBR)

PAYC 1042

0577114

DOCUMENT # F97000002810

1. Entity Name
MAGELLAN CBHS HOLDINGS, INC.

FILED

01 APR 30 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6950 COLUMBIA GATEWAY DR., #400
COLUMBIA MD 21046

Mailing Address
6950 COLUMBIA GATEWAY DR., #400
COLUMBIA MD 21046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2213642

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 _____ (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 SD ☒ Delete
NAME NEWLIN, LINTON C
STREET ADDRESS 577 MULLBERRY ST.
CITY-ST-ZIP MACON GA 31298

TITLE VP ☒ Change ☐ Addition
NAME Linton C. Newlin
STREET ADDRESS 125 Plantation Center Drive
CITY-ST-ZIP Macon GA 31221

TITLE TD ☐ Delete
NAME SANFORD, CHARLOTTE
STREET ADDRESS 6666 POWERS FERRY RD., STE 100
CITY-ST-ZIP ATLANTA GA 30339

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

TITLE PD ☐ Delete
NAME MARQUES, CLARISSA C
STREET ADDRESS 6950 COLUMBIA GATEWAY DR., #400
CITY-ST-ZIP COLUMBIA MD 21046

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

TITLE VSD ☐ Delete
NAME DEMILIO, MARK S
STREET ADDRESS 6950 COLUMBIA GATEWAY DR., #400
CITY-ST-ZIP COLUMBIA MD 21046

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

TITLE AS ☐ Delete
NAME BEDENBAUGH, JAMES R
STREET ADDRESS 6666 POWERS FERRY ROAD., STE 100
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
NAME
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: Mark S. Demilio
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)



PAGE 2012

ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001

ORDER TIME : 9:54 AM

ORDER NO. : 131817-085

CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: MAGELLAN CBHS HOLDINGS, 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 10:44
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING