

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064203

FILED
Mar 09, 2006
Secretary of State

Entity Name: MAGELLAN CLINICAL SERVICES LLC

Current Principal Place of Business:

6595 NW 36 STREET
SUITE 218
MIAMI, FL 33166

New Principal Place of Business:

2955 S.W. 8TH STREET
SUITE 204
MIAMI, FL 33135 US

Current Mailing Address:

6595 NW 36 STREET
SUITE 218
MIAMI, FL 33166

New Mailing Address:

2955 S.W. 8TH STREET
SUITE 204
MIAMI, FL 33135 US

FEI Number: 20-3089239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, MARIO R
2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CARBONELL, JORGE MR.
2955 S.W. 8TH STREET
SUITE 204
MIAMI, FL 33135 US

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: JORGE CARBONELL

03/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CARBONELL, JORGE MR.
Address: 2955 S.W.8TH STREET
City-St-Zip: MIAMI, FL 33135 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JORGE CARBONELL

MGRM

03/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date