2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# M02000001009

Entity Name: MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC

Current Principal Place of Business:

69550 COLUMBIA GATEWAY DRIVE, SUITE 400
COLUMBIA, MD 21046

New Principal Place of Business:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046 US

Current Mailing Address:

69550 COLUMBIA GATEWAY DRIVE, SUITE 400
COLUMBIA, MD 21046

New Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046 US

FEI Number: 87-0300539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MAGELLAN BEHAVIORAL, HEALTH, INC.
Address: 6950 COLUMBIA GATEWAY DRIVE, SUITE 400
City-St-Zip: COLUMBIA, MD 21046

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAGELLAN BEHAVIORAL, HEALTH, INC.
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

I hereby certify that the information supplied with this filing does not qualify 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: MARK S. DEMILIO T/D 05/02/2007

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