2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36350

Entity Name: MAGELLAN HRSC, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 US				
Current Mailing Address:			New Maili	ng Address:
6950 COLUMBIA GATEWAY DR SUITE #400 COLUMBIA, MD 21046 US				
FEI Number: 34-1559960		FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:				
Electronic Signature of Registered Agent Date				
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DPT () EDEMILIO, MARK 55 NOD ROAD AVON, CT 06001		Title: Name: Address: City-St-Zip:	DPT (X) Change () Addition DEMILIO, MARK S 55 NOD ROAD AVON, CT 06001 US
Title: Name: Address: City-St-Zip:	LAZAROFF, DEN 14100 MAGELLA		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LAZAROFF, DENNIS 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043 US
Title: Name: Address: City-St-Zip:	MCQUILLEN, MIC	GATEWAY DRIVE	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition MCQUILLEN, MICHAEL P 6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 US
Title: Name: Address: City-St-Zip:	CUMMINGS, AND	EET, SUITE 1002	Title: Name: Address: City-St-Zip:	VP/S (X) Change () Addition CUMMINGS, ANDREW M. 65 BROADWAY, SUITE 904 NEW YORK, NY 10006 US
Title: Name: Address: City-St-Zip:	D () E LERER, RENE 55 NOD ROAD AVON, CT 06001	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E SHAPIRO, IRENE 55 NOD ROAD AVON, CT 06001		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SHAPIRO, IRENE 55 NOD ROAD AVON, CT 06001 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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. DEMILIO DPT 05/01/2007