

# 2000 UNIFORM BUSINESS REPORT (UBR)

P8192

DOCUMENT # P96000053996

1. Entity Name

CARE MANAGEMENT RESOURCES, INC.

FILED

00 SEP 13 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6950 COLUMBIA GTWY. DR.  
SUITE 400  
COLUMBIA MD 21046

Mailing Address

577 MULBERRY STREET  
MACON GA 31202

2. Principal Place of Business

3. Mailing Address

6950 Columbia Gateway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

City & State

City & State  
Columbia MD

Zip

Country

Zip

21046

Country

Howard



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0681434

Applied For

Not Applicable

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

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

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME MARQUES, CLARISSA C  
STREET ADDRESS 6950 COLUMBIA GATEWAY DR., STE. 400  
CITY-ST-ZIP COLUMBIA MD 21046 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 400003392194--7 ☐ Change ☐ Addition

TITLE STD  
NAME PEDRONI, A. THOMAS JR.  
STREET ADDRESS 6950 COLUMBIA GATEWAY DR., STE. 400  
CITY-ST-ZIP COLUMBIA MD 21046 ☒ Delete

TITLE V/S  
NAME Mark S. Demilio  
STREET ADDRESS 6950 Columbia Gateway Drive, # 400  
CITY-ST-ZIP Columbia MD 21046 ☐ Change ☐ Addition

TITLE VP  
NAME LINCOLN, JOHN  
STREET ADDRESS 3514 SUNRISE DRIVE  
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE D  
NAME Henry Harbin  
STREET ADDRESS 6950 Columbia Gateway Drive, # 400  
CITY-ST-ZIP Columbia MD 21046 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V/IAT  
NAME Linton C. Newlin  
STREET ADDRESS 577 Mulberry Street  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V/T  
NAME James R. Bodenbaugh  
STREET ADDRESS 6666 Powers Ferry Road  
CITY-ST-ZIP Atlanta GA 30339 ☐ Change ☒ Addition **SP**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE AS  
NAME A. Thomas Pedroni  
STREET ADDRESS 6950 Columbia Gateway Drive # 400  
CITY-ST-ZIP Columbia MD 21046 ☐ Change ☒ Addition

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:

**REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARK S. DEMILIO, VP & SECRETARY

9/8/00

Date

410-953-4702

Daytime Phone #

Pg 292



ACCOUNT NO. : 072100000032

REFERENCE : 827597 5028257

AUTHORIZATION :

COST LIMIT : \$ 550.00

*Patricia Pajito*

ORDER DATE : September 12, 2000

ORDER TIME : 9:52 AM

ORDER NO. : 827597-025

CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: CARE MANAGEMENT RESOURCES,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

*Tanner Wilson*

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 SEP 13 AM 10:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FL 32310