

2001 UNIFORM BUSINESS REPORT (UBR)

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0577120

DOCUMENT # P96000053996

1. Entity Name

CARE MANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

6950 COLUMBIA GTWY. DR.
SUITE 400
COLUMBIA MD 21046

6950 COLUMBIA GATEWAY DR
SUITE 400
COLUMBIA MD 21046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 \$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	PD	<input type="checkbox"/> Delete
NAME	MARQUES, CLARISSA C	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR., STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PEDRONI, THOMAS A	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR., STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NEWLIN, LINTON C	
STREET ADDRESS	577 MULBERRY STREET	
CITY-ST-ZIP	MACON GA 31202-3121	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARBIN, HENRY	
STREET ADDRESS	6950 COLUMBIA GATEWAY DRIVE, STE. 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DEMILIO, MARK S	
STREET ADDRESS	6950 COLUMBIA GATEWAY DR, SUITE 400	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, JAMES R	
STREET ADDRESS	6666 POWERS FERRY ROAD	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Demilio

Marks Demilio, Vice President

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 27, 2001 8:00 A.
Secretary of State

DO NOT WRITE IN THIS SPACE



PAGE 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001

ORDER TIME : 9:45 AM

ORDER NO. : 131817-045

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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 10:43
NOT ISSUED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING