

# 2001 UNIFORM BUSINESS REPORT (UBR)

0577121

page 102

DOCUMENT # P97000049376

1. Entity Name  
MBCS OF FLORIDA, INC.

FILED

01 APR 30 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1360 N UNIV DR  
STE 1360  
PLANTATION FL 33322  
US

Mailing Address  
6950 COLUMBIA GATEWAY DR  
SUITE #400  
COLUMBIA MD 21046  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0758887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	DVTT	3500-PIEDMONT RD NE SUITE 775 ATLANTA GA 30305-30339			
	SANFORD, CHARLOTTE A	666 Powers Ferry Rd #100			
	CUMMINGS, ANDREW M	5th 666 THIRD AVENUE, 34th FLOOR NEW YORK NY 10017			
	DAS	3500-PIEDMONT RD NE SUITE 775 ATLANTA GA 30305-30339			
	BEDENBAUGH, JAMES R	666 Powers Ferry Rd #100			
	V	LAZAROFF, DENNIS J 13736 RIVERPORT DR, STE 400 MARYLAND HEIGHTS MO 63043			
	VP & AS	Mark S. Demilio 6950 Columbia Gateway Dr, #400 Columbia MD 21046			

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 S. Demilio Mark S. Demilio, Vice President 4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 131817 5028257

AUTHORIZATION :

*Patricia Pizot*

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2001

ORDER TIME : 9:44 AM

ORDER NO. : 131817-040

CUSTOMER NO: 5028257

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

ANNUAL REPORT FILING

NAME: MBCS OF FLORIDA, 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 10:48  
NO LONGER  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING