



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 115933		2. Name of Corporation Magellan Behavioral Health, Inc.			
3. Street Address Principal Business Office 6950 Columbia Gateway Drive			City Columbia	State MD	Zip 21046
4. Business Phone No. 410-953-1000		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED HEALTHCARE BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven J. Shulman			Vice President Name Linton Newlin		
Street Address 16 Munson Road			Street Address 125 Plantation Center Drive, Bldg 900		
City Farmington	State CT	Zip 06032	City Macon	State GA	Zip 31221
Secretary Name Daniel N. Gregoire			Treasurer Name Mark S. Demilio		
Street Address 16 Munson Road			Street Address 16 Munson Road		
City Farmington	State CT	Zip 06032	City Farmington	State CT	Zip 06032
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mark Demilio			Director Name Steven J. Shulman		
Street Address 16 Munson Road			Street Address 16 Munson Road		
City Farmington	State CT	Zip 06032	City Farmington	State CT	Zip 06032
Director Name Rene Lever			Director Name		
Street Address 16 Munson Road			Street Address		
City Farmington	State CT	Zip 06032	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			1,000	Common	\$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



115933

File Date	FILED
Check No.	FEB 24 2005
By	UB
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Mark S. Demilio Date 2/23/05
Print or Type Name of Officer MARK S. DEMILIO
Title of Officer TREASURER



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

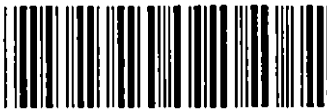
Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 115933		2. Name of Corporation Magellan Behavioral Health, Inc.		
3. Street Address Principal Business Office 6950 Columbia Gateway Drive		City Columbia	State MD	Zip 21046
4. Business Phone No. (410) 953-1000		5. State of Incorporation DELAWARE		6. SIC Code 541990
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED HEALTHCARE BUSINESS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Steven J. Shulman		Vice President Name Dennis P. Moody		
Street Address 6950 Columbia Gateway Drive		Street Address 6950 Columbia Gateway Drive		
City Columbia	State MD	Zip 21046	City Columbia	State MD
Secretary Name Megan M. Arthur		Treasurer Name Mark S. Demilio		
Street Address 6950 Columbia Gateway Drive		Street Address 6950 Columbia Gateway Drive		
City Columbia	State MD	Zip 21046	City Columbia	State MD
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Steven J. Shulman		Director Name Mark Demilio		
Street Address 6950 Columbia Gateway Drive		Street Address 6950 Columbia Gateway Drive		
City Columbia	State MD	Zip 21046	City Columbia	State MD
Director Name Megan M. Arthur		Director Name Dennis P. Moody		
Street Address 6950 Columbia Gateway Drive		Street Address 6950 Columbia Gateway Drive		
City Columbia	State MD	Zip 21046	City Columbia	State MD
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares 1,000	Class/Series Common	Par Value \$1.00	Number of Shares 1,000	Class/Series Common
1,000 COMM \$1.00 PAR VALUE		1,000 COMM \$1.00 PAR VALUE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 9 3 3 *

File Date	2/26/04
Check No.	78+889
By:	18
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Megan M. Arthur **2/13/04**
Signature of Officer Date
MEGAN M. ARTHUR
Print or Type Name of Officer
SECRETARY
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

115933

2. Name of Corporation

Magellan Behavioral Health, Inc.

3. Street Address Principal Business Office

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

4. Business Phone No.

(410) 953-1000

5. State of Incorporation

DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Managed Behavioral healthcare

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jay Levin

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

Secretary Name

Megan M. Arthur

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

Vice President Name

Dennis P. Moody

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

Treasurer Name

Mark S. Demilio

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Megan M. Arthur

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

Director Name

Dennis P. Moody

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

Director Name

Mark S. Demilio

Street Address

6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip

21046

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 9 3 3 *

File Date:

2.28.03

Check No.:

596223

By:

Megan M. Arthur

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Megan M. Arthur
Signature of Officer

2-24-03

Date

Megan M. Arthur
Print or Type Name of Officer

Secretary

Title of Officer

5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115933 2. Name of Corporation Magellan Behavioral Health, Inc.
3. Street Address Principal Business Office 6950 Columbia Gateway Drive, # 400 City Columbia State MD Zip 21046
4. Business Phone No. (410) 953-1000 5. State of Incorporation Delaware 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Managed behavioral healthcare

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daniel S. Messina Vice President Name Dennis Moody
Street Address 6950 Columbia Gateway Drive, # 400 Street Address 6950 Columbia Gateway Drive, # 400
City Columbia State MD Zip 21046 City Columbia State MD Zip 21046
Secretary Name Megan M. Arthur Treasurer Name Mark S. Demilio
Street Address 6950 Columbia Gateway Drive, # 400 Street Address 6950 Columbia Gateway Drive, # 400
City Columbia State MD Zip 21046 City Columbia State MD Zip 21046

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Daniel S. Messina Director Name Dennis Moody
Street Address 6950 Columbia Gateway Drive, # 400 Street Address 6950 Columbia Gateway Drive, # 400
City Columbia State MD Zip 21046 City Columbia State MD Zip 21046
Director Name Megan M. Arthur Director Name Mark S. Demilio
Street Address 6950 Columbia Gateway Drive, # 400 Street Address 6950 Columbia Gateway Drive, # 400
City Columbia State MD Zip 21046 City Columbia State MD Zip 21046

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 Common \$1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common \$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2-27-02

Check No.: 454813

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Megan Arthur 2/21/02
Signature of Officer Date

Megan M. Arthur
Print or Type Name of Officer

Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115933		2. Name of Corporation Magellan Behavioral Health, Inc.			
3. Street Address Principal Business Office 6950 Columbia Gateway Drive, Suite 400			City Columbia	State Maryland	Zip 21046
4. Business Phone No. (410) 953-1000		5. State of Incorporation Delaware			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Managed Behavioral Healthcare					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel S. Messina			Vice President Name Dennis P. Moody		
Street Address 6950 Columbia Gateway Drive, # 400			Street Address 6950 Columbia Gateway Drive, # 400		
City Columbia	State MD	Zip 21046	City Columbia	State MD	Zip 21046
Secretary Name Megan M. Arthur			Treasurer Name Mark S. Demilio		
Street Address 6950 Columbia Gateway Drive, # 400			Street Address 6950 Columbia Gateway Drive, # 400		
City Columbia	State MD	Zip 21046	City Columbia	State MD	Zip 21046
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel S. Messina			Director Name Mark S. Demilio		
Street Address 6950 Columbia Gateway Dr, # 400			Street Address 6950 Columbia Gateway Drive, # 400		
City Columbia	State MD	Zip 21046	City Columbia	State MD	Zip 21046
Director Name Megan M. Arthur			Director Name Dennis P. Moody		
Street Address 6950 Columbia Gateway Dr, # 400			Street Address 6950 Columbia Gateway Drive, # 400		
City Columbia	State MD	Zip 21046	City Columbia	State MD	Zip 21046
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00	1,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JAN 18 2002
By: [Signature]
FOR SECRETARY OF STATE USE ONLY
27985-2

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Megan M. Arthur 12/3/01
Signature of Officer Date
Megan M. Arthur
Print or Type Name of Officer
EvP & Secretary
Title of Officer