

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 ___

2005 Filing Period: January 1 - March I • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation Magellan Behavioral Health, Inc. 115933 Sinte Columbia 3. Street Address Principal Business Office 21046 6950 Columbia Gateway Duve 4. Business Phone No. 5. State of Incorporation 410 - 953 - 1000 **DELAWARE** 7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED HEALTHCARE BUSINESS. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Linton Newlin Steven J. Shulman Street Address 16 Hunson Road Plantation Center Drive, Bla 900 ZIPO 6032 Maron GA Mark S. Demilio Street Address 16 Muson Road 06032 04032 tarminaton 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Mark Demilio Steven J. Shulman Street Address 06032 D6032 Sireer Address IL Murson Road State ZIp 06032 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM \$1.00 PAR VALUE 1,000 \$1.00PV common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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 heroin and flue and correct. bollen Signature of Officer MARKS. DEMILLO Print or Type Name of Officer

TREASURER

Title of Officer



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

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

Matthew A. Brown, Secretary of State

PROFIT CORPOR Filing Period: January 1 - Me (FORM MUST BE TYPED OR PRIM	arch 1 • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2004	 	
1. Corporate ID No	2. Name of Corporation					
115933	Magellan Behavio	ral Health, Inc.		_ 		
3 Street Address Principal Business O LASO COMM 616	Gateway]	Dive	cin Columbia	State MD	21046	
4. Business Phone No. (410)953 - 1000		5. State of Incorporation DELAWARE			6. SIC Code 541990	
7. Brief Description of the Character of MANAGED HEALTHCAR		hode Island				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	. —	ACES BEFORE USING AT	TACHMENTS	
Steven J. Shulm	an		Dennis P. Ma	Hu		
Sircei Address 1950 Columbia		ive	Sireci Address 6950 Columbia	-	ive	
Columbia	State MD	21046	cin Campia	State m D	21046	
secretary Name Megan M. Arth	ur		Mark 5 Demilio			
Sireci Address 6950 Columbia	Gateway	Drive	6100 Columbi	a Gateway Di		
Cdumbia	State	21046	Columbia	State	21046	
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	, –	SPACES BEFORE USING A	ATTACHMENTS	
Steven J. Shul	man		Mark Demil	io	<u> </u>	
Sircei Address 6950 Columbi	a Gateway	Dive	6950 Columbia Gateway Drive			
Columbia	State	210HG	Columbia	State	21044	
Director Name Megan M. Arthur			Bennis P. Mody			
6950 Columbia Gateway Drive		450 Columbia Gateway Drive				
Columbia	State MD	21046	Columbia	State MD	21046	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X	C BOX FOR ATTACHME			
Number of Shares 1000 Gass/Series Common Par Value \$1.00		Number of Shares 1,000	Class/Series/Commoy	Par Natue \$1.00		
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

File Date	2/26/04	
Check No.	78+889	
Ву:	_Q,	
	FOR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affirm that I neluding any accompanying schedules and stateme	
ontained herein are true and correct. Mellen M. Cubly	2/13/04
ignature of Officer	Date
MEGAN M. ARTHUR	
Print or Type Name of Officer	
SECRETARY	. <u> </u>
Title of Officer	Form 630 Rev 12/03

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 <u>2003</u>

riing renou: junuu	,				(ASTRON
(FORM MUST BE TYPED OR PRI			•		
1. Corporate ID No.	2. Name of Corporat				
115933	_	havioral Health, Inc.	_	_	
3. Street Address Principal Busine		Dive	Glumbia .	State	21046
USO COMM	bia Gatawa	y solve		עוויי	0110 14
4. Business Phone No.		5. State of Incorporation	1		6. SIC Code
(410) 953 - 100 7. Brief Description of the Charact Managed B	00 ter of Business Conducted In Schavione h				
8. NAMES AND ADDRI	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
President Name			Vice President Name		
Jay Levin			Dennis P. M	oody	
Street Address		N 1.00	Street Address	$\mathcal{J}_{\mathcal{A}}$	* 1.4.4
4950 Columbi	a Gateway	pure	1950 Comm	bia Galeway	DAVE
Columbia	State	21046	Caumbia	State	21044
Secretary Nome Megan M. A	Ahur	• .	Treasurer Name Mark 5. W	milio	
Street Address		. 5 4	Street Address	1. Calaria	× 11.00
4950 Columb	na Garewa	y Dave	USO COMM	bia Gateway	DNIE
Columbia	State	2104L	Columbia Columbia	State MD	21044
9, NAMES AND ADDRI	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES I	BEFORE USING ATTAC	HMENTS
Myan M. A	Arthur		Denmis P. M	oody	
Street Address	_	50 114.0	Street Address	\rightarrow	. 75. 1
4950 Com	nbia Galavi	ay sove	1950 Coun	bia Eptenai	(DNVE
City	State	Zip	Columbia	State	Zip
Odhumbia	MID	21046	commena	IND	- dioq6
Director Name			Director Name		
Mark S. I	umuo				
Street Address	1 . C. Lava	Till a	Street Address		
	bia Gatavar	bave			
City	State	Zip	City	State	Zip
Columbia	MD	21044			
10. SHARES AUTHORIZ AUTHORIZED SHARES	CED (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*X* 6SUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR	R 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:	RY 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.

-Mesan M. Arthur Signatury of Officer Mesan M. Arthur	2-24-03
Signature of Officer	Date
Megan M. Arthur	

Type Name of Officer

Form 630 12/02

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 630 12/01

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(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 1/5 933	2. Name of Corporation Magella	en Behavioral	Health, Inc.	es	9 15
3. Street Address Principal Busi	bia Gateway.	Divo- # 400	Columbia	State MD	21046
4. Business Phone No.	no garavay.	S. State of Incorporation		•••	6. SIC Code
(410)953-100	00	Delawa	re		
7. Brief Description of the Char	acter of Business Conducted in				
V	ehavioral hea				
8. NAMES AND ADDI President Name	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACH	MENIS
Daniel 5. Mc	scina		. Dennis Moody		
Street Address		•	Street Address		
6950 Carumb	ia Gateway D	nve, #400		a Gateway Dr	1Ve, #400
Columbia	State MD	21046	cuy columbia	State MD	21046
Secretary Name	l	• •••	Treosurer Name	· ·	
Megan M. A	mhur		Mark S. Demil	М	
Street Address LAGS D. CASAMA	bia Gateway.	Dive, # 400		a Gateway Di	ve, # 400
City	State	Zip	City .	State Agi	Zip
Columbia	mD	21046	Columbia	MD	21046
9. NAMES AND ADDI	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATT		BEFORE USING ATTAC	HMENTS
Daviel S. Me	cina		Dennis Mood	44-	
Street Address			Sticer Maniess	•	•
4950 Colum	bia Gateway.	Duve, # 400	6950 Columbia	e Gateway Dr	IVE, #400
City	State	Zip		State MD	21046
Commbia Director Name	IVI	21046	Commba Director Name	<i>mo</i>	21090
Megan M.	Ardhux		Wark S. Der	vilio	
Street Address			Street Address	_	- 1
6950 Cohun	uria Gatewai	1 DUVL, # 400	6950 Caumbi	a Gateway	DUVE, # 400
Columbia	State MD	21046	chy Columbia	State MD	21046
10. SHARES AUTHOR	IZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES	Chara (Santas	Par Malua
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
11000	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

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 27-62	that all statements contained herein are true and correct.
Check No.:	Signature of Office) Date
Ву:	Print or Type Name of Officer Seweww
FOR SECRETARY OF STATE USE ONLY	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 BLAC	CK)		<u> </u>		
1. Corporate ID No. !15933	2. Name of Corporation Magellan	Behavioval Hea	lth, Inc		
3. Street Address Principal Business C LA50 Columbia				Maryland	21046
(410)953-100	0	Delaware			6. SIC Code
7. Brief Description of the Character: : Managed Be	of Business Conducted in Rho Chavioral Healt				
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTACHM	(ENT) OFILL IN SPACES BE	FORE USING ATTACHM	ENTS ·
Daniel S. Messin	na		Dennis P. Mood	ly	
Screet Address 6950 Columbia	Gateway Drive	,#400	6950 Columbia	Gateway Div	e,# 400
Columbia	State MD	21046	Columbia	State MD	21046
secretary Name Megan M. Arth	w		Mark S. Demil	io	
6950 Campia		,#400	LASO Columbi	a Galeway Dr	ive, # 400
Caumbia	State MD	21044	Caumbia Caumbia	State MD	21046
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) DFILL IN SPACES I	BEFORE USING ATTACH	IMENTS
Daniel S. Mess	ina.		Director Name Mark S. Der	nilio	
6950 Columbia	Gataway D	1,#400	4950 Commi	na Gateway	
Columbia	State MD	21046	Columbia	State MD	21044
Director Name Megan M. Arth	nur		Dennis P. Ma	xdy	
6950 Columbi		Dr, # 400	4950 Commbia	a Gateway 3	Dive, # 400
Columbia	State MD	21046	Cambia	State MD	21046
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTACH	MENT) 🖸 .	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	<u> </u>
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
				Č	15 S S S S S S S S S S S S S S S S S S S
			-		

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

	FILE
File Date:	By 18 200
Bv:	Sold the
	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	12/3/01	
Signature of Difficer Messain M. Arthur	Date	

Print of Tope Name of Officer

EVP& Secretary