

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

(FORM MUST BE TYPED C		• Flung Fee: \$50.00					
1. IID No 125353	2. Exact name of the limited Hability company MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC						
3. State of Formation UTAH		on of the character of the histories u EHAVIORAL HEALTHCARE.	hich is actually conducted in Rhode Island				
_	MBIA GATEW		COLLMBIA E OR TITLE OF CONTACT	State MD	Z1046		
Contact Name Maria A	YuB		CONTACT FERSON: CONTAC				
6950 CO	LLMBIA GAT	EWAY DRIVE	COLUMBIA	State	21046		
7. NAME AND ADDR	ESS OF EACH MANA	<i>I</i>	• • • • • • • • • • • • • • • • • • • •	OR ATTACHMENT)) / 7-16-52		
Manuger Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	······································		Manager Name				
Street Address			Street Address				
City	State	2φ	City	State	Zip		
8. RESIDENT AGENT Agent Name CORPORATION SERV		DO NOT ALTER - Change	s require filing of Form Address	642 - R.I.G.L. 7-16-11			
Address 222 JEFFERSON BOULEVARD, SUITE 200			City Zip 02888-				
				•			

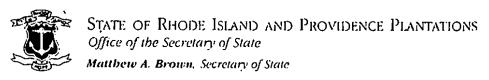
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

125353

 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 Authorized Person
By: Magellan Behavioral Health, Inc. Member
Michael P. McQuillen, Assistant Secretary

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _______2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST RE TYPE	D OR PRIN	TED IN BLACK)							
T. ID No.	2. Exact	2. Exact name of the limited hability company							
125353	MAGE	MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC							
3. State of Formation	State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island								
UTAH		MANAGED BE	HAVIORAL HEALTHCAI	RE.					
5. Principal office addr	nks			City	State	<i>7.</i> tp			
6950 Columbia Gateway Drive				Columbia	MD	21046			
6. MAILING ADDR		IMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:	,			
Contact Name	A , 1			Contact Title	. ^				
Maria	HYUL			Manager L	egal Open	rations			
Street Address	•			City	0 State	Zip			
6950 Co	lumbia	a Gatewa	Ly Drive	Columbia	MD	21046			
7. NAME AND AD	_		. <i>.1</i>	JABILITY COMPANY, IF APPLIE	CABLE	•			
			CES BEFORE USING A		ATTACHMENT)				
Α.	NY MODI	FICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT, R.I.	.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		•		Manager Name					
Street Address				Street Address	Street Address				
City		State	Zip	City	State	Zip			
• • • • • • • • • • • • • • • • • • • •	•••••••								
Manager Name				Manager Name					
Street Address				Street Address					
		I a	T		,				
City		State	Zip	City	State	Zip			
8. RESIDENT AGE	NT IN RH	I ODF ISLAND . 1	l Do not alter . Char	: nes require filing of Form 64	 	1			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name			Address						
CORPORATION SE	RVICE CON	IPANY				<u> </u>			
Address			City	City Zip					
222 JEFFERSON BOULEVARD, SUITE 200			WARWICK 02888-						
			•						

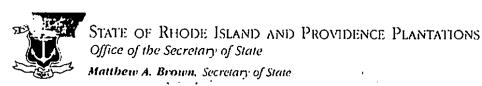
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

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Signature of	Juthorke	Person	QC)	Date	1	,	,	

Mary E	izab	ett_1	Zorzi
Daine or Time Alm		الممانيين	D



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2003

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3 State of Formation	State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island							
UTAH	UTAH Managed behavioral healthcare.							
5. Principal office address			City	State	Zip			
6. MAILING ADDRESS OF LIMITED CIABILITY COMPANY AND NAME			COLUMBIA NAME OR TITLE OF CONTACT I	PERSON:	21046			
Contact Name Mo	ma Ayub		Contact Title	le Paralegal	<u>.</u>			
Sinct Address			City	State	Zip			
6950 (A)	alina Frateurau	Drive, Ste 400	Columbia	mp	ملاه			
7. NAME AND ADDI AN Manager Name	FILL IN SP		I.IABILITY COMPANY, IF APPLI ATTACHMENTS ("X" BOX FOI ES FILING OF AMENDMENT, R.I Manager Name	R ATTACHMENT) 🗌	/ 7-16-52			
Street Address			Street Address	•				
City	State	Zip	City	State	Zin			
Manaoer Name	······		Manager Name	Manager Name				
Sircei Address		• - •	Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT AGENT Name	T IN RHODE ISLAND	DO NOT ALTER - Ch	: anges require filling of Form 6 Address	1 42 - R.I.G.L. 7-16-11	ı			
CORPORATION SER	VICE COMPANY							
Address			City	Gity: Zip				
170 WESTMINSTER	STREET, SUITE 900		PROVIDENCE					
			·					

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 2 5 3 5 3 *
File Date 11 19 05
Check No. 130454
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a	iffirm that I have examined this report,
including any accompanying schedules :	and statements, and that all statements.
contained herein are true and correct.	
11	

Signature of Authorized Person

MARKS. DEMILID

Print or Type Name of Authorized Person
Vill Print of Medital Person
(Mendian)

(Mendian)