



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 125353		2. Exact name of the limited liability company MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC			
3. State of Formation UTAH		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGED BEHAVIORAL HEALTHCARE.			
5. Principal office address 6950 COLUMBIA GATEWAY DRIVE		City COLUMBIA	State MD	Zip 21046	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Maria Ayub		Contact Title MANAGER, LEGAL OPERATIONS			
Street Address 6950 COLUMBIA GATEWAY DRIVE		City COLUMBIA	State MD	Zip 21046	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS 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			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY		Address			
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-		

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



125353

File Date	10/26/05
Check No.	987959
By:	
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 Authorized Person
By: Magellan Behavioral Health, Inc. Member
Michael P. McQuillen, Assistant Secretary
Date: 10/21/05
Print or Type Name of Authorized Person



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125353		2. Exact name of the limited liability company MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC	
3. State of Formation UTAH		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGED BEHAVIORAL HEALTHCARE.	
5. Principal office address 6950 Columbia Gateway Drive		City Columbia	State MD
		Zip 21046	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA AYUB		Contact Title Manager, Legal Operations	
Street Address 6950 Columbia Gateway Drive		City Columbia	State MD
		Zip 21046	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS 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	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

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 *

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.

File Date 10/22/04
Check No. 873746
By: W.

FOR SECRETARY OF STATE USE ONLY

Mary Elizabeth Zorzi 10/20/04
Signature of Authorized Person Date
Mary Elizabeth Zorzi
Print or Type Name of Authorized Person



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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125353		2. Exact name of the limited liability company MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC	
3. State of Formation UTAH		4. Brief description of the character of the business which is actually conducted in Rhode Island Managed behavioral healthcare.	
5. Principal office address 6950 Columbia Gateway Drive, Ste 400		City Columbia	State MD
		Zip 21046	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Maria Ayub		Contact Title Corporate Paralegal	
Street Address 6950 Columbia Gateway Drive, Ste 400		City Columbia	State MD
		Zip 21046	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS 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	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 170 WESTMINSTER STREET, SUITE 900		City PROVIDENCE	Zip 02903-

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 *

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
9-24-03
Date

MARK S. DEMILIO
Print or Type Name of Authorized Person
Vice President, Magellan Behavioral Health Inc.
(Member)
Form 632 Rev. 7/03

File Date 11/19/03
Check No. 730454
By:

FOR SECRETARY OF STATE USE ONLY