


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 032 \*\*\*150.00

**DOCUMENT # F02000002465**

1. Entity Name  
**MHM SERVICES, INC.**



Principal Place of Business  
**1593 SPRING HILL RD  
 STE 610  
 VIENNA, VA 22182**

Mailing Address  
**1593 SPRING HILL RD  
 STE 610  
 VIENNA, VA 22182**

2. Principal Place of Business  
**1593 SPRINGHILL Road**

3. Mailing Address  
**1593 SPRINGHILL Road**

Suite, Apt. #, etc.  
**Suite 610**

City & State  
**VIENNA, VA**

Zip  
**22182**

Country  
**USA**



04202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1223048**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> PINKERT, MICHAEL 1593 SPRING HILL RD STE 610 VIENNA, VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> WHEELER, STEVEN 1593 SPRING HILL RD STE 610 VIENNA, VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> YOUNG, LASLAE M <input checked="" type="checkbox"/> Delete 1593 SPRING HILL RD STE 610 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SANDLER, MICHAEL 1593 SPRING HILL RD STE 610 VIENNA, VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SHIPON, JACOB DR. <input type="checkbox"/> Delete 1593 SPRING HILL RD STE 610 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FERRETTI, WILLIAM <input type="checkbox"/> Delete 1593 SPRING HILL RD STE 610 VIENNA, VA 22182

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> SUSAN D. RITCHEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1593 SPRINGHILL Road, suite 610 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Dorosis **4/20/05** **703 749 4600 x4623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #