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Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**MAXIMUS Health Services, Inc.**

Certificate of Status	0
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MAXIMUS Health Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 26-0307682  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/08/2007 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607:1501 & 607.1502, F.S., to determine penalty liability)

7. 11419 SUNSET HILLS ROAD RESTON VA 20180  
(Principal office address)

11419 SUNSET HILLS ROAD RESTON VA 20180  
(Current mailing address)

8. Program management, consulting and information technology services.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 165 Office Plaza Dr., Suite A

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Boyle Wendle, asst sec  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: RICHARD A. MONTONI

Address: 11419 SUNSET HILLS ROAD

RESTON VA 20190

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: BRUCE L. CABWELL

Address: 11419 SUNSET HILLS ROAD

RESTON VA 20190

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: DAVID R. FRANCIS

Address: 11419 SUNSET HILLS ROAD RESTON VA 20190

Treasurer: DAVID N. WALKER

Address: 11419 SUNSET HILLS ROAD RESTON VA 20190

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. David R. Francis - Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MAXIMUS HEALTH SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 06, 2007, and was in existence or authorized to transact business in the State of Indiana on August 11, 2008.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

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INDIANAPOLIS, INDIANA



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eleventh Day of August, 2008.

*Todd Rokita*

TODD ROKITA, Secretary of State

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