

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003542

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: MAXIMUS HEALTH SERVICES, INC.

**Current Principal Place of Business:**

11419 SUNSET HILLS ROAD  
RESTON, VA 20190

**New Principal Place of Business:**

**Current Mailing Address:**

11419 SUNSET HILLS ROAD  
RESTON, VA 20190

**New Mailing Address:**

FEI Number: 26-0307682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MONTONI, RICHARD A  
Address: 11419 SUNSET HILLS ROAD  
City-St-Zip: RESTON, VA 20190

Title: PCEO  
Name: CASWELL, BRUCE L  
Address: 11419 SUNSET HILLS ROAD  
City-St-Zip: RESTON, VA 20190

Title: S  
Name: FRANCIS, DAVID R  
Address: 11419 SUNSET HILLS ROAD  
City-St-Zip: RESTON, VA 20190

Title: T  
Name: WALKER, DAVID N  
Address: 11419 SUNSET HILLS ROAD  
City-St-Zip: RESTON, VA 20190

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID R. FRANCIS

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04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date