

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000001384

Entity Name: MHM HEALTH PROFESSIONALS, LLC

Current Principal Place of Business:

1593 SPRING HILL ROAD STE. 610
VIENNA, VA 22182

Current Mailing Address:

7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US

FEI Number: 46-1734817

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title MGR
Name CAMPBELL, JOHN
Address 1593 SPRING HILL ROAD STE. 610
City-State-Zip: VIENNA VA 22182

Title MGR
Name HUNTER, JESSE
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title MGR
Name WHEELER, STEVEN
Address 1593 SPRING HILL ROAD STE. 610
City-State-Zip: VIENNA VA 22182

Title MGR
Name LUEKING, KEITH
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN WHEELER

MANAGER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date