

**2022 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 JOHNSON, DEANNA  
Address 1593 SPRING HILL ROAD STE. 610  
City-State-Zip: VIENNA VA 22182

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

Title MGR  
Name WESCHKE, CHARLES  
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

Title MANAGER  
Name TONEY, COLIN  
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:** KEITH LUEKING

**MANAGER**

**04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date