

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10PZ

FILED

06 FEB 10 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 839906**

1. Corporation Name

First Health Services Corporation

2. Principal Office Address

6705 Rockledge Drive

Suite, Apt. #, etc.

City & State

Bethesda, MD

Zip

20817

Country

USA

3. Mailing Office Address

6705 Rockledge Drive

Suite, Apt. #, etc.

City & State

Bethesda

Zip

MD 20817

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1985

5. FEI Number

540849793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 15-06

**7. Name and Address of Current Registered Agent**

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

NRAI Services, Inc.

B. April Brady  
REGISTERED AGENT MUST SIGN

Date 1/3/2006

ASST. Secty.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2006

Date

301-581-0600

Daytime Phone #

CP2E081 (10/02)

2 of 2

# **First Health Services Corporation**

## **Officers & Directors**

<u>Name</u>	<u>Office/Title</u>	<u>Business Address</u>
Thomas Paul McDonough	Director	6705 Rockledge Dr., Bethesda, MD 20817
Shawn Michael Guertin	Director	6705 Rockledge Dr., Bethesda, MD 20817
James Edward McGarry	Director	6705 Rockledge Dr., Bethesda, MD 20817
Terese R. DiMarco	President/CEO	6705 RockledgeDr., Bethesda, MD 20817
Thomas Paul McDonough	VP/CFO/Treasurer	6705 RockledgeDr., Bethesda, MD 20817
Thomas M. Mastri	Vice President/CFO/Treasurer	6705 RockledgeDr., Bethesda, MD 20817
Arthur J. Lynch	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Martin A. Sholder	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Karyn R. Glogowski	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Mary L. Baranowski	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Shirley Ann Roquemore Smith	Secretary	6705 RockledgeDr., Bethesda, MD 20817
Jonathan D. Weinberg	Assistant Secretary	6705 RockledgeDr., Bethesda, MD 20817
James G. Council	Assistant Secretary	6705 RockledgeDr., Bethesda, MD 20817
David J. Blasi	Assistant Secretary	6705 RockledgeDr., Bethesda, MD 20817
G. Kenneth Robinson, III	Assistant Treasurer	6705 RockledgeDr., Bethesda, MD 20817
John J. Stelben	Assistant Treasurer	6705 RockledgeDr., Bethesda, MD 20817
John Ruhlmann	Controller	6705 RockledgeDr., Bethesda, MD 20817
John Cornelius Langenus	Senior Vice President	6705 RockledgeDr., Bethesda, MD 20817