F020000002465

TRANSMITTAL LETTER

		[\(\(\) \(\) \(\) \(\) \(\)
TO: Registration Section	A	4000
Division of Corporations	7	1 MRTIL
		1 100
SUBJECT: MAM SERVICES, INC	. <u> </u>	
(Name of corpora	ition - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transact less register the above reference	Business in Florida", ed foreign corporation
Please return all correspondence concerning this mat	ter to the following:	
PATRICK CHUNN	•	e e
(Name	of Person)	
	01 2 015011)	
MHM SERVICES, INC.	Company)	
(Firm/C	Company)	7
8605 WESTWOOD CENTER DRIVE	SUITE 400	
8605 WESTWOOD CENTER DRIVE	ldress)	2 50
M. Fridado - No Transport		, ,
VIENNA VA 2218Z	e and Zip code)	<u> </u>
(Only/Stat	e and zip code)	0047979481
For further information concerning this matter, please call:		-01/25/0201054001 *****70.00 *****70.00
0		WO2-2471
PATRICK CHUNN at (703) 749 - 4600	
/ ·	a Code & Daytime Telephone	Number)
		•
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	F02-2465
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\Box\times Certificate of Status	□ \$78.75 Filing Fee & □ Certified Copy	J \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 29, 2002

PATRICK CHUNN 8605 WESTWOOD CENTER DR., STE 400 VIENNA, VA 22182

SUBJECT: MHM SERVICES, INC. Ref. Number: W02000002471

We have received your document for MHM SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 902A00005046

Michael Mays Document Specialist

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.

	MHM SERVICES, INC.			
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a			
	natural person or partnership if not so contained in the name at 1	rindicate that it is a corporation instead of a present.)		
		,		
2.	(State or country under the law of which it is incorporated)	52-1223048		
		• • · · · · · · · · · · · · · · · · · ·		
4.	8-26-93 5.	PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")		
	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6.	UPON QUALIFICATION			
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")				
	(SEE SECTIONS 607.1501,	, 607.1502 and 817.155, F.S.)		
7. 8605 WESTWOOD CENTER DRIVE, SUITE 400 VIENNA, VA 2218Z (Principal office address)				
	(Principal office addr	'ess)		
	SAME			
(Current mailing address)				
8.	STAFFING BUSINESS			
8.	STAFFING BUSINESS (Purpose(s) of corporation authorized in home state or con	untry to be carried out in state of Florida)		
	(Purpose(s) of corporation authorized in home state or con	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(Purpose(s) of corporation authorized in home state or con Name and street address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)		
	(Purpose(s) of corporation authorized in home state or con	(P.O. Box or Mail Drop Box NOT acceptable)		
9.	(Purpose(s) of corporation authorized in home state or con Name and street address of Florida registered agent: Name: CT Corporation Systems	(P.O. Box or Mail Drop Box NOT acceptable)		
9.	(Purpose(s) of corporation authorized in home state or con Name and street address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)		
9.	(Purpose(s) of corporation authorized in home state or conname and street address of Florida registered agent: Name: CT Corporation Systems ffice Address: 1200 5. PINE ISLAND RD	(P.O. Box or Mail Drop Box NOT acceptable)		
9.	(Purpose(s) of corporation authorized in home state or con Name and street address of Florida registered agent: Name: CT Corporation Systems	(P.O. Box or Mail Drop Box NOT acceptable)		

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.

(Registered agent's signature)
Anusha Putty, Vice President

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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: MICHAEL PINKERT
Address: 8605 WESTWOOD CENTER DRIVE, SUITE 400
VIENNA, VA 2218Z
DIRECTOR -Vice Chairman: WILLIAM FETRETT!
Address: SAME
Director: MICHAEL SANDLER
Address: SAME
Director: DR. JACOB SHIPON
Address: SAME
B. OFFICERS
CEO President: MICHAEL PINKERT
Address: SAME
Addless. SAME
Vice-President: Steven Wheeler
Address: SAME
Secretary: PATRICK CHUNN
Address: SAME
Treasurer: N/A
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. PATRICK CHUNN (Typed or printed name and capacity of person signing application)
(1 yped or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHM SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MAY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

10:11 No 51 ANN 60



Darriet Smith Hindson

arriet Smith Windsor, Secretary of State

AUTHENTICATION: 1758394

DATE: 05-03-02

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