

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90012 001 \*\*\*150.00

**DOCUMENT # F02000002465**

1. Entity Name

MHM SERVICES, INC.



Principal Place of Business

8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA VA 22182

Mailing Address

8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA VA 22182

2. Principal Place of Business

1593 SPRING HILL ROAD

Suite, Apt. #, etc.

SUITE 610

City & State

VIENNA VA

Zip

22182

Country

USA

3. Mailing Address

1593 SPRING HILL ROAD

Suite, Apt. #, etc.

SUITE 610

City & State

VIENNA VA

Zip

22182

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

52-1223048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete

NAME PINKERT, MICHAEL

STREET ADDRESS 8605 WESTWOOD CENTER DRIVE, SUITE 400

CITY-ST-ZIP VIENNA VA 22182

TITLE P ☐ Delete

NAME WHEELER, STEVEN

STREET ADDRESS 8605 WESTWOOD CENTER DRIVE, SUITE 400

CITY-ST-ZIP VIENNA VA 22182

TITLE CS ☒ Delete

NAME CHUNN, PATRICK

STREET ADDRESS 8605 WESTWOOD CENTER DRIVE, SUITE 400

CITY-ST-ZIP VIENNA VA 22182

TITLE D ☐ Delete

NAME SANDLER, MICHAEL

STREET ADDRESS 8605 WESTWOOD CENTER DRIVE, SUITE 400

CITY-ST-ZIP VIENNA VA 22182

TITLE D ☐ Delete

NAME SHIPON, JACOB DR.

STREET ADDRESS 8605 WESTWOOD CENTER DRIVE, SUITE 400

CITY-ST-ZIP VIENNA VA 22182

TITLE D ☐ Delete

NAME FERRETTI, WILLIAM

STREET ADDRESS 8605 WESTWOOD CENTER DR., STE 400

CITY-ST-ZIP VIENNA VA 22182

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 1593 SPRING HILL ROAD, SUITE 610

CITY-ST-ZIP VIENNA VA 22182

TITLE DP ☒ Change ☐ Addition

NAME

STREET ADDRESS 1593 SPRING HILL ROAD, SUITE 610

CITY-ST-ZIP VIENNA VA 22182

TITLE S ☐ Change ☒ Addition

NAME LESLIE M YOUNG

STREET ADDRESS 1593 SPRING HILL ROAD, SUITE 610

CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 1593 SPRING HILL ROAD, SUITE 610

CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 1593 SPRING HILL ROAD, SUITE 610

CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 1593 SPRING HILL ROAD, SUITE 610

CITY-ST-ZIP VIENNA VA 22182

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leslie M. Young*

LESLIE M YOUNG, SECRETARY

703-749-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #