

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000000114

FILED
Oct 27, 2008
Secretary of State

Entity Name: PACIFIC MEDICAID SERVICES, INC.

Current Principal Place of Business:

1120 CHERRY STREET SUITE 300
SEATTLE, WA 98104

New Principal Place of Business:

Current Mailing Address:

1120 CHERRY STREET SUITE 300
SEATTLE, WA 98104

New Mailing Address:

FEI Number: 91-1729346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: C/O BARBARA A. BURKE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: MOGA, GREGORY M III
Address: 1120 CHERRY STREET SUITE 300
City-St-Zip: SEATTLE, WA 98104

Title: VP () Delete
Name: SHANK, COREY
Address: 819 W SEVENTH AVE
City-St-Zip: SPOKANE, WA 99204

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOGA, GREGORY M III
Address: 1120 CHERRY STREET SUITE 300
City-St-Zip: SEATTLE, WA 98104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: ANDREASSON, FREDRIK
Address: 1120 CHERRY ST., SUITE 300
City-St-Zip: SEATTLE, WA 98104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY M. MOGA, III

PRES

10/27/2008

Electronic Signature of Signing Officer or Director

Date