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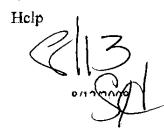
FOREIGN PROFIT/NONPROFIT CORPORATION

MAXIMUS Health Services, Inc.

Certificate of Status	0
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Corporate Filing Menu



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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

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.

l	MAXIMUS Hea					•	
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	sD,	" "COMPANY," "CORPOR	ATION,"		•	
100							
(If name movi	ilable in Florida, enter alternate corporate na	me	adopted for the purpose of irr	meacting business in F	lorida)		
2. INDIANA		3.	26-0307682				
	y under the law of which it is incorporated)	,	(FEI number	, if applicable)			
4. 08/08/2007	•	5.	PERPETUAL				
	to of incorporation)		(Duration: Year corp. will	pease to exist or "perpo	mal")		
6. Upon Qualifica		_					
	(Date first transacted busine (SEE SECTIONS 607:1501 & 60		n Florida, if prior to registrati 502, F.S., to determine pocalt				
7, 11419 SUNS	ET HILLS ROAD		RESTON	VA 20190			
	(Principal office	add	iress)		,		
11419 SUNS	ET HILLS ROAD		RESTON	VA 20190			Ϊ,
	(Curent mailing	add	ken)	•		t	
O Denomination	agament, consulting and information technolog		no.inae			8	
	e(s) of corporation authorized in home state of			e of Florida)	7	2>-	
					¥2	AUG.	ed distribution of
9. Name and str	eet address of Florida registered agent: (,P.C	J. Box <u>NOT</u> acceptable)		00 CB	12	. Linna
Name:	Capitol Corporate Services, Inc.						trate.
Office Address:	165 Office Plaza Dr., Suite A		 .			*	Suranana B. (4), g
•	Tallahassee		, Florida <u>32301</u>				- Maritian
	(City)		(Zip code))	\$	ું.૦૦	_

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.

Bayle Windle asst sec
(Registered agent's signature)

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.

Wax 0 0 0 1 9 2 9 2

12. Name	es and business addresses of officers an	d/or directors:		8
A DIRE	CTORS			
Chairman:				
Address:				7
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Vice Chair	rman:			
Address:				कृत्य क
	•		·	· · · · · · · · · · · · · · · · · · ·
Director:	RICHARD A. MONTONI			
Address:	11419 SUNSET HILLS ROAD		•	
	RESTON	VA	20190	
Director:				
			•	
B. OFFI	CERS			
President:	BRUCE I CASWELL			
Address:	11419 SUNSET HILLS ROAD			
,	RESTON	VA	20190	
Vice Presi	dent:			
Address	 -		<u> </u>	
Secretary:	DAVID R. FRANCIS			
Address:	11419 SUNSET HILLS ROAD	RESTON	VA 2019	0
Treamrer:	DAVID N. WALKER			•
Address:	11419 SUNSET HILLS ROAD	RESTON	VA 20190	
·				
NOTE: 1	If necessary, you may attach an added	um to the application list	ting additional officers and/o	or directors.
13		nd trancin		
	(Signature of Director or			
14	(Typed or printed name		edte-lary	
	/ x Aber or brown jrshud	one culturarity or horson p	ARTHUR OF THE OWNERS OF	

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STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

1, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MAXIMUS HEALTH SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 06, 2007, and was in existence or authorized to transact business in the State of Indiana on August 11, 2008.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eleventh Day of August, 2008.

Cost Cotato

TODD ROKITA, Secretary of State

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