

# F18000004785

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

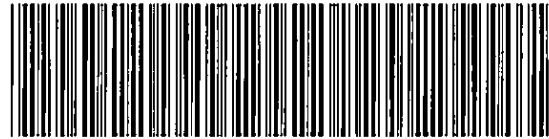
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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N. CAUSSEAU

OCT 22 2018

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 10/19/2018

Acc#I20160000072



Name:	MHM SERVICES, INC.
Document #:	
Order #:	11217432 LINE 54

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain:
	COGS:

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2. PLEASE FILE THE QUALIFICATION SECOND.

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Amount: \$ 78.75

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MHM Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

shannon.p.kister@centene.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person      at (\_\_\_\_\_) \_\_\_\_\_  
Area Code      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

1. MHM Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 82-5316510  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/22/2018 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7700 Forsyth Blvd. Ste. 800, St. Louis, MO 63105  
(Principal office address)

same  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**9. 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.*

C T Corporation System

By: \_\_\_\_\_

*Denise Bell*

Denise Bell, Asst Sec

(Registered agent's signature)

10. 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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: Steven H. Wheeler

Address: 7700 Forsyth Blvd. Ste. 800

St. Louis, MO 63105

Vice President: Jason Harrold

Address: 7700 Forsyth Blvd. Ste. 800

St. Louis, MO 63105

Secretary: Keith H. Williamson

Address: 7700 Forsyth Blvd. Ste. 800, St. Louis, MO 63105

Treasurer: John Campbell

Address: 7700 Forsyth Blvd. Ste. 800, St. Louis, MO 63105

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Tricia Dinkelman, Vice President of Tax

(Typed or printed name and capacity of person signing application)

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Steven Wheeler ✓  
Officer/Director: Officer, Director  
Officer's Title: CEO  
Director's Title: Director  
Business Address: 7700 Forsyth Blvd. Ste. 800  
City: St. Louis  
State: MO  
ZIP Code: 63105
- 2 Full Name: Keith Lueking  
Officer/Director: Officer  
Officer's Title: Assistant Secretary  
Director's Title:  
Business Address: 7700 Forsyth Blvd. Ste. 800  
City: St. Louis  
State: MO  
ZIP Code: 63105
- 3 Full Name: Tricia Dinkelman ✓  
Officer/Director: Officer  
Officer's Title: Vice President of Tax  
Director's Title:  
Business Address: 7700 Forsyth Blvd. Ste. 800  
City: St. Louis  
State: MO  
ZIP Code: 63105
- 4 Full Name: Kevin Counihan ✓  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 7700 Forsyth Blvd. Ste. 800  
City: St. Louis  
State: MO  
ZIP Code: 63105
- 5 Full Name: Keith H. Williamson ✓  
Officer/Director: Officer, Director  
Officer's Title: Secretary  
Director's Title: Director  
Business Address: 7700 Forsyth Blvd. Ste. 800  
City: St. Louis  
State: MO  
ZIP Code: 63105

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, 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 EIGHTEENTH DAY OF OCTOBER, A.D.  
2018.

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

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SECRETARY OF STATE  
2018 OCT 19 PM 3:37



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SR# 20187203666

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203636176

Date: 10-18-18