SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P25962** **(2)**

1. Corporation Name
MENTAL HEALTH MANAGEMENT, INCORPORATED OF VIRGIN IA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7601 LEWINSVILLE ROAD. SUITE 200 MCLEAN VA 22102	7601 LEWINSVILLE ROAD. SUITE 200 MCLEAN VA 22102

3. Date Incorporated or Qualified: **09/08/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **52-1223048** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	PINKERT, MICHAEL S.	1.2 NAME	
STREET ADDRESS	705 POTOMAC KNOLLS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	EXECUTIVE V.P.-OWNED HOSP. ☒ Change ☐ Addition
NAME	HACKETT, JAMES P., JR.	2.2 NAME	WALDO, BRUCE
STREET ADDRESS	7612 TIMBERLY COURT	2.3 STREET ADDRESS	1102, SHANNON LANE
CITY-ST-ZIP	MCLEAN VA	2.4 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	FEDER, STEVEN J	3.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	3.3. STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, VICKI S.	4.2 NAME	
STREET ADDRESS	13719 FRANKFORD CIRLCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CENTREVILLE VA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	V.P.-HUMAN RESOURCES ☒ Change ☐ Addition
NAME	GLEKLEN, DONALD M.	5.2 NAME	SWEENEY, PATRICIA
STREET ADDRESS	212 JEFFREY LANE	5.3 STREET ADDRESS	2250 SWEETLEAF LANE
CITY-ST-ZIP	NEW TOWN SQUARE PA	5.4 CITY-ST-ZIP	GAITHERSBURG, MD 20882
TITLE	T	6.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	LAWLOR, MARK	6.2 NAME	ALAN EINHORN
STREET ADDRESS	ONE MEDIQ PLAZA	6.3 STREET ADDRESS	ONE MEDIA PLAZA
CITY-ST-ZIP	PENNSAUKEN NJ	6.4 CITY-ST-ZIP	PENNSAUKEN, NJ

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Pinkert 7/3-14/9-4620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL S. PINKERT

0178088 FP