

1.) CORPORATION NAME:

**MH Associates, Inc. (USED IN VA BY: MENTAL
HEALTHASSOCIATES, INC.)**

DUE DATE: **8/31/2013**

SCC ID NO: **F1598285**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

LA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6705 ROCKLEDGE DRIVE
SUITE 900

CITY/ST/ZIP: BETHESDA, MD 20817

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN J RUHLMANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CORP CONTROLLER		
ADDRESS:	6720B ROCKLEDGE DR, STE 700		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	WILLIAM M SCHEERER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	550 MARYVILLE CENTRE DRIVE, SUITE 300		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63141		
NAME:	SHIRLEY R SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6720B ROCKLEDGE DRIVE SUITE 700		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	JONATHAN WEINBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6720B ROCKLEDGE DR, STE 700		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	LOUISE D. MURPHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	151 FARMINGTON AVENUE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		
NAME:	ELAINE COFRANCESCO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	151 FARMINGTON AVENUE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELAINE COFRANCESCO TREASURER 151 FARMINGTON AVENUE HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BELLIZZI VICE PRESIDENT 151 FARMINGTON AVENUE HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MIDDLETON COO 550 MARYVILLE CENTRE DRIVE, SUITE 300 ST. LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN J RUHLMANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN J RUHLMANN, CORP CONTROLLER PRINTED NAME AND CORPORATE TITLE	8/20/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			