

1.) CORPORATION NAME:

DUE DATE: **3/31/2013**

CBIZ Medical Management Northeast, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1739517**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5959 SHALLOWFORD ROAD

CITY/ST/ZIP: CHATTANOOGA, TN 37421

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.

<p>NAME: DARRELL HULSEY TITLE: PRESIDENT ADDRESS: 5959 SHALLOWFORD ROAD STE 575 CITY/ST/ZIP/CO: CHATTANOOGA, TN 37421</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEROME P GRISKO JR TITLE: D/EX VP ADDRESS: 6050 OAK TREE BLVD STE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRUCE J KOWALSKI TITLE: VICE PRESIDENT ADDRESS: 6050 OAK TREE BLVD STE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EDWARD L SUGGS JR TITLE: EX VP ADDRESS: 818 A1A N, SUITE 500 CITY/ST/ZIP/CO: PONTE VEDRA, FL 32082</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KELLY J MAREK TITLE: TREASURER ADDRESS: 6050 OAK TREE BLVD STE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL W GLEESPEN TITLE: SECRETARY ADDRESS: 6050 OAK TREE BLVD., SUITE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<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.

<u>/s/ MICHAEL W GLEESPEN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MICHAEL W GLEESPEN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/25/2013</u> DATE
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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.