

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215507831				
1.) CORPORATION NAME: LEGUM HOME HEALTH CARE, INC.		DUE DATE: 4/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: EDWARD B LOWRY 500 COURT SQUARE SUITE 300 CHARLOTTESVILLE, VA		SCC ID NO: 02547164 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY						
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7564 STANDISH PL STE 100 CITY/ST/ZIP: ROCKVILLE, MD 20855						
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: WILLIAM P ROBERTS III TITLE: PRESIDENT ADDRESS: 14624 CHESTERFIELD RD CITY/ST/ZIP/CO: ROCKVILLE, MD 20853	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: GANA R DUNLOP TITLE: SEC/TREASURER ADDRESS: 1 JOHN ANDERSON DRIVE #PH6 CITY/ST/ZIP/CO: ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ WILLIAM P ROBERTS III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM P ROBERTS III, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/27/2015 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.						