

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216525341				
1.) CORPORATION NAME: <b>HOME CARE EQUIPMENT, INC.</b>		DUE DATE: <b>6/30/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DONNA JACKSON MUSICK 19416 HIGHWAY 58 PO BOX 339  CASTLEWOOD, VA</b>		SCC ID NO: <b>02715860</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RUSSELL COUNTY</b>		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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: PO BOX 339  CITY/ST/ZIP: CASTLEWOOD, VA 24224						
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: DONNA SUE JACKSON MUSICK TITLE: P/S ADDRESS: POB 339 CITY/ST/ZIP/CO: CASTLEWOOD, VA 24224	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: KATHY JUSTICE TITLE: T/VP ADDRESS: 3660 HIGH POINT RD CITY/ST/ZIP/CO: CASTLEWOOD, VA 24224	<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/ DONNA SUE JACKSON MUSICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONNA SUE JACKSON MUSICK, P/S PRINTED NAME AND CORPORATE TITLE	7/6/2016 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.						