

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214549673
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1.) CORPORATION NAME: S & S HEALTH CARE, INC.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MITCHELL P DAVIS 1013 E. MAIN STREET SALEM, VA	SCC ID NO: 03412681				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SALEM CITY	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				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1013 E. Main Street CITY/ST/ZIP: Salem, VA 24153	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MITCHELL P DAVIS TITLE: PRES/CEO ADDRESS: 4395 ELECTRIC RD CITY/ST/ZIP/CO: ROANOKE, VA 24018		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CINDY WHITAKER DAVIS TITLE: TREASURER ADDRESS: 4395 ELECTRIC ROAD CITY/ST/ZIP/CO: ROANOKE, VA 24018		

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/ MITCHELL P DAVIS	MITCHELL P DAVIS, PRES/CEO	11/10/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.