

1.) CORPORATION NAME:

**FAMILY CARE HOME HEALTH, INC.**

DUE DATE: **8/31/2011**

SCC ID NO: **04325700**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
BONNIE G GORDON  
413 STUART CIR STE 120  
RICHMOND, VA 23220**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 413 STUART CIRCLE  
SUITE 120

CITY/ST/ZIP: RICHMOND, VA 23220-

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: RICK W GRIFIN  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: ONE TENTH STREET  
SUITE 500  
CITY/ST/ZIP/CO: AUGUSTA, GA 30901-0103

NAME: JOHN M SOUTHERN  OFFICER  DIRECTOR  
TITLE: CFO  
ADDRESS: ONE TENTH STREET  
SUITE 500  
CITY/ST/ZIP/CO: AUGUSTA, GA 30901-0103

NAME: MAHER AHMED JUBEIR  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: ONE TENTH STREET  
SUITE 500  
CITY/ST/ZIP/CO: AUGUSTA, GA 30901-0103

NAME: KELLY C TRIPP  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: ONE TENTH STREET  
SUITE 500  
CITY/ST/ZIP/CO: AUGUSTA, GA 30901-0103

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/ KELLY C TRIPP</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KELLY C TRIPP, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/20/2011</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.