

1.) CORPORATION NAME:

**MID-ATLANTIC PROFESSIONAL GERIATRIC  
CAREMANAGERS, INC.**

DUE DATE: **2/29/2012**

SCC ID NO: **04422663**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
STEPHANIE I THOMOPOULOS  
6018 WOODLAKE LN  
ALEXANDRIA, VA 22315-2637**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 20414

CITY/ST/ZIP: BALTIMORE, MD 21284-

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: REGINA CURRAN  
TITLE: PRESIDENT  
ADDRESS: PO BOX 20414  
CITY/ST/ZIP/CO: BALTIMORE, MD 21284-

OFFICER

DIRECTOR

NAME: STEPHANIE THOMOPOULOS  
TITLE: PAST PRESIDENT  
ADDRESS: 6422 GROVEDALE DRIVE  
STE 202  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-

OFFICER

DIRECTOR

NAME: LYNN MERCURIO  
TITLE: DIRECTOR  
ADDRESS: 2143 PAULINE AVE  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15216-

OFFICER

DIRECTOR

NAME: JUDITH GRUMBLY  
TITLE: VICE PRESIDENT  
ADDRESS: 200 LITTLE FALLS ST  
SUITE 306  
CITY/ST/ZIP/CO: FALLS CHURCH, VA 20046-

OFFICER

DIRECTOR

NAME: JANINA BOGNAR  
TITLE: SECRETARY  
ADDRESS: 6718 PATTERSON AVE  
CITY/ST/ZIP/CO: RICHMOND, VA 23226-

OFFICER

DIRECTOR

NAME: JOAN RICHARDSON TITLE: TREASURER ADDRESS: 1559 REGATTA LN CITY/ST/ZIP/CO: RESTION, VA 20194-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LOUISE MOHARDT TITLE: DIRECTOR ADDRESS: 401 LOVERS LN CITY/ST/ZIP/CO: LANCASTER, VA 22503-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ELLEN PLATT TITLE: DIRECTOR ADDRESS: PO BOX 72 CITY/ST/ZIP/CO: HUNT VALLEY, MD 21030-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DENISE VALERIO TITLE: DIRECTOR ADDRESS: PO BOX 382 CITY/ST/ZIP/CO: AMBLER, PA 19002-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CHRISTINA DHIR TITLE: DIRECTOR ADDRESS: 2000 WEST CLUB LN CITY/ST/ZIP/CO: RICHMOND, VA 23226-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GALE DAVIS TITLE: President-Elect ADDRESS: VCU HEALTH SYSTEM, GERIATRIC SERVICES PO BOX 980102 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<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.				
<u>/s/ REGINA CURRAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>REGINA CURRAN, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>1/2/2012</u> 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.				