

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2013**

SCC ID NO: **04422663**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JUDITH GRUMBLY
299 LITTLE FALLS ST
SUITE 306**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FALLS CHURCH, VA 22046

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 20414		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21284		

NAME:	STEPHANIE THOMOPOULOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	6422 GROVEDALE DRIVE STE 202		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	JUDITH GRUMBLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 LITTLE FALLS ST SUITE 306		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 20046		

NAME:	JOAN RICHARDSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1559 REGATTA LN		
CITY/ST/ZIP/CO:	RESTION, VA 20194		

NAME:	CHRISTINA DHIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2000 WEST CLUB LN		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUISE MOHARDT DIRECTOR 401 LOVERS LN LANCASTER, VA 22503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN PLATT DIRECTOR PO BOX 72 HUNT VALLEY, MD 21030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE VALERIO DIRECTOR PO BOX 382 AMBLER, PA 19002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Janice Duffin President Elect 123 E Golfview Rd Ardmore, PA 19003	<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/ REGINA CURRAN	REGINA CURRAN, PRESIDENT	1/2/2013	
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.			