

1.) CORPORATION NAME:

DOMINION MEDICAL EQUIPMENT, INC.

DUE DATE: **4/30/2011**

SCC ID NO: **04460556**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
SCOTT MOFFETT
25562 MIMOSA TREE CT
SOUTH RIDING, VA 20152**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14100 PARKE LONG COURT STE C

CITY/ST/ZIP: CHANTILLY, VA 20151-

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: SCOTT MOFFETT
TITLE: P/T
ADDRESS: 14100 PARKE LONG CT, #C
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: BRAD AMMON
TITLE: TREASURER
ADDRESS: 25205 DUNVEGAN SQUARE
CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152-

OFFICER

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/ SCOTT MOFFETT

SCOTT MOFFETT, P/T

5/17/2011

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.