

1.) CORPORATION NAME: <b>CONTEMPORARY NURSING SOLUTIONS, INC.</b>	DUE DATE: <b>1/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MARY PISANO DECHRISTOPHER          1953 GALLOWS RD STE 630          VIENNA, VA</b>	SCC ID NO: <b>04787289</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	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>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1000 Jefferson Street Suite 1A  CITY/ST/ZIP: LYNCHBURG, VA 24504	
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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.

NAME: MARY DECHRISTOPHER TITLE: PRESIDENT ADDRESS: 6000 GALLOWS ROAD SUITE C CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: DAVID W SIMONE TITLE: OFFICER ADDRESS: 2700 UPTON STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20008	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ MARY DECHRISTOPHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY DECHRISTOPHER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/24/2016 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.