

1.) CORPORATION NAME: In Home Clinical and Case Work Services, Inc.	DUE DATE: 11/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BERNARD N CURRY 1711 CHURCH ST STE D NORFOLK, VA	SCC ID NO: 04934360				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY	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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1711 CHURCH STREET STE.D CITY/ST/ZIP: NORFOLK, VA 23504	
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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: BERNARD N CURRY TITLE: P/EX DIRECTOR ADDRESS: 1711 CHURCH ST STE D CITY/ST/ZIP/CO: NORFOLK, VA 23504	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NATASHA N CURRY TITLE: VICE PRESIDENT ADDRESS: 1711 CHURCH ST STE D CITY/ST/ZIP/CO: NORFOLK, VA 23504	<input checked="" type="checkbox"/>	OFFICER	<input 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/ BERNARD N CURRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BERNARD N CURRY, P/EX DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/2/2015 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.