

1.) CORPORATION NAME:

ULTIMATE HEALTH CARE SERVICES, INC.

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ARANGU L NGUNDAM
7839 ASHTON AVENUE
MANASSAS, VA**

SCC ID NO: **05274170**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7839 ASHTON AVENUE

CITY/ST/ZIP: MANASSAS, VA 20109

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARANGU L NGUNDAM	
TITLE:	PRESIDENT	
ADDRESS:	11077 DOUBLEDAY LANE	
CITY/ST/ZIP/CO:	MANASSAS, VA 20109	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARANGU L NGUNDAM	
TITLE:	P/CEO	
ADDRESS:	11077 DOUBLEDAY LANE	
CITY/ST/ZIP/CO:	MANASSAS, VA 20109	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEAN STILLES TCHABO	
TITLE:	VICE PRESIDENT	
ADDRESS:	3216 UPPER WYNNEWOOD PL.	
CITY/ST/ZIP/CO:	HERNDON, VA 20171-1641	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	IRENE BAIDOO	
TITLE:	DIR/SEC/TREAS	
ADDRESS:	9824 GABON CT	
CITY/ST/ZIP/CO:	BURKE, VA 22015	

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/ ARANGU L NGUNDAM	ARANGU L NGUNDAM,	10/23/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.