

1.) CORPORATION NAME:

CapitalCare, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **05625454**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3928 PENDER DRIVE SUITE 100

CITY/ST/ZIP: FAIRFAX, VA 22030

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.

<p>NAME: JON P SHEMATEK MD TITLE: PRESIDENT ADDRESS: 1501 S CLINTON STREET CITY/ST/ZIP/CO: BALTIMORE, MD 21224</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN A PICCIOTTO TITLE: SECRETARY ADDRESS: 1501 S CLINTON STREET CITY/ST/ZIP/CO: BALTIMORE, MD 21224</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ELIZABETH ST J LOKER TITLE: CHAIRMAN ADDRESS: 4851 FERRY NECK RD CITY/ST/ZIP/CO: ROAYL OAK, MD 21662</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH G HALL TITLE: DIRECTOR ADDRESS: 101 CONSTITUTION AVE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20001</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES WALLACE TITLE: DIRECTOR ADDRESS: 2851 UNIVERSITY TERRACE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20016</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Robert M Willis TITLE: DIRECTOR ADDRESS: 1200 G Street, NW CITY/ST/ZIP/CO: Washington, DC 20005</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Chester E Burrell CEO 1501 S. Clinton Street Baltimore, MD 21224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeanne A Kennedy TREASURER 10455 Mill Run Circle Owings Mills, MD 21117	<input checked="" type="checkbox"/> OFFICER	<input 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/ JOHN A PICCIOTTO	JOHN A PICCIOTTO, SECRETARY	7/18/2012
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.