

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213526337

1.) CORPORATION NAME:

CapitalCare, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05625454**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

NAME:	Chester E Burrell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1501 S CLINTON STREET		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

NAME:	JEANNE A KENNEDY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10455 MILL RUN CIRCLE		
CITY/ST/ZIP/CO:	OWINGS MILLS, MD 21117		

NAME:	ELIZABETH ST J LOKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4851 FERRY NECK RD		
CITY/ST/ZIP/CO:	ROYAL OAK, MD 21662		

NAME:	CHESTER E BURRELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1501 S. CLINTON STREET		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

NAME:	Meryl D Burgin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1501 S CLINTON STREET		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

NAME:	JOSEPH G HALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3637 Jenifer Street, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20015		

NAME: JAMES WALLACE TITLE: DIRECTOR ADDRESS: 2851 UNIVERSITY TERRACE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Larry D Bailey TITLE: DIRECTOR ADDRESS: 1718 M Street, NW CITY/ST/ZIP/CO: Suite 373 WASHINGTON, DC 20036	<input 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/ Meryl D Burgin	Meryl D Burgin, SECRETARY	6/4/2013
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.