

<p>1.) CORPORATION NAME: NEXT HEALTH, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MAHSIN HABIB 44121 HARRY BYRD HIGHWAY SUITE # 115 ASHBURN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 9/30/2015</p> <p>SCC ID NO: 05642202</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44121 HARRY BYRD HWY
STE 115

CITY/ST/ZIP: ASHBURN, VA 20147

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:	MAHSIN HABIB	
TITLE:	PRESIDENT	
ADDRESS:	44121 HARRY BYRD HWY SUITE #115	
CITY/ST/ZIP/CO:	ASHBURN, VA 20147	

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/ MAHSIN HABIB	MAHSIN HABIB, PRESIDENT	12/11/2015
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.