

1.) CORPORATION NAME: EXPRESS CARE, INC.	DUE DATE: 12/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: YASMEEN DURRANI 1183 CYPRESS TREE PL HERNDON, VA	SCC ID NO: 05880448
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1183 CYPRESS TREE PLACE

CITY/ST/ZIP: HERNDON, VA 20170

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: YASMEEN DURRANI TITLE: PRESIDENT ADDRESS: 1183 CYPRESS TREE PLACE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: NAILA ALAM TITLE: DIRECTOR ADDRESS: 1183 CYPRESS TREE PLACE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: MOHAMMAD ALAM TITLE: DIRECTOR ADDRESS: 1183 CYPRESS TREE PLACE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: ARSHAD HUSSAIN TITLE: DIRECTOR ADDRESS: 10150 YORKTOWN DR CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<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/ YASMEEN DURRANI	YASMEEN DURRANI, PRESIDENT	4/18/2015
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.