

1.) CORPORATION NAME: <b>LIVING FREE HEALTH FOUNDATION</b>	DUE DATE: <b>5/31/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>GANT REDMON 510 KING ST STE 301 ALEXANDRIA, VA</b>	SCC ID NO: <b>05973409</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4306 EVERGREEN LN #204

CITY/ST/ZIP: ANNANDALE, VA 22003

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: DR RICHARD COHEN DMD TITLE: PRESIDENT ADDRESS: 3801 BLUE PARKWAY CITY/ST/ZIP/CO: KANSAS CITY, MO 64130	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MS CELIA CRAFT RN MS TITLE: VICE PRESIDENT ADDRESS: MEDICAL ARMY CENTER 5N CITY/ST/ZIP/CO: TACOMA, WV 98431-1100	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: WARREN MCLAIN ESQ TITLE: SECRETARY ADDRESS: 4069 CHAIN BRIDGE RD CITY/ST/ZIP/CO: STE A FAIRFAX, VA 22030	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARIETTA E WARDEN RN TITLE: EX. DIR ADDRESS: 4306 EVERGREEN LN #204 CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

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/ MARIETTA E WARDEN RN	MARIETTA E WARDEN RN, EX. DIR	6/20/2014
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.