

1.) CORPORATION NAME: Medical Gas & Plumbing, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVIES LAW OFFICES, A PROFESSIONAL CORPORATION 725 CHURCH ST 11TH FLR PO BOX 1360 LYNCHBURG, VA	DUE DATE: 8/31/2014 SCC ID NO: 06015358 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LYNCHBURG CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 261 ARROWHEAD DRIVE CITY/ST/ZIP: MADISON HEIGHTS, VA 24572	
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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: BONNIE WOOD TAYLOR TITLE: PRESIDENT ADDRESS: 261 ARROWHEAD DRIVE CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: BONNIE WOOD TAYLOR TITLE: DIRECTOR ADDRESS: 261 ARROWHEAD DRIVE CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572	<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/ BONNIE WOODTAYLOR	BONNIE WOODTAYLOR,	6/18/2014
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.