

1.) CORPORATION NAME:

LIFESTYLE MEDICAL SOLUTIONS INC.

DUE DATE: **11/30/2010**

SCC ID NO: **06274914**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

ANN M PERKINS

2308 KENSTOCK DR

VIRGINIA BEACH, VA 23454

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2308 KENSTOCK DR

CITY/ST/ZIP: VA BEACH, VA 23454-

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: ANN M PERKINS
TITLE: PRESIDENT
ADDRESS: 2308 KENSTOCK DR
CITY/ST/ZIP/CO: VA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: TOM PERKINS
TITLE: SECRETARY
ADDRESS: 2308 KENSTOCK DR
CITY/ST/ZIP/CO: VA BEACH, VA 23454-

OFFICER

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/ TOM PERKINS

TOM PERKINS, SECRETARY

9/20/2010

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.