

1.) CORPORATION NAME:

**Applied Medical Management, Inc.**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**SANDRA A POTTEIGER**

**329 SINEGAR PL**

**GREAT FALLS, VA 22066**

SCC ID NO: **06291496**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 329 SINEGAR PL

CITY/ST/ZIP: GREAT FALLS, VA 22066-

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.

OFFICER

DIRECTOR

NAME: SANDRA POTTEIGER  
TITLE: PRESIDENT  
ADDRESS: 329 SINEGAR PLACE  
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

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/ SANDRA POTTEIGER  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

SANDRA POTTEIGER,  
PRESIDENT  
PRINTED NAME AND CORPORATE  
TITLE

11/23/2011

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.