

1.) CORPORATION NAME: LifeSpan Rehabilitation and Wellness, Inc.	DUE DATE: 8/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JEFFREY W WEAVER 199 LIBERTY ST SW LEESBURG, VA	SCC ID NO: 06431936				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	5,000
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4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21251 RIDGETOP CIRCLE
STE 140

CITY/ST/ZIP: STERLING, VA 20166

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: MICHAEL BILLS TITLE: P/S/T ADDRESS: 21251 RIDGETOP CIRCLE STE 140 CITY/ST/ZIP/CO: STERLING, VA 20166	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: DENISE BILLS TITLE: VICE PRESIDENT ADDRESS: 21251 RIDGETOP CIRCLE STE 140 CITY/ST/ZIP/CO: STERLING, VA 20166	<input type="checkbox"/> OFFICER <input 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/ MICHAEL BILLS	MICHAEL BILLS, P/S/T	12/31/2013
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.