

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213548318
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1.) CORPORATION NAME: Allstar HealthCare Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: H JOEL WEINTRAUB 109 E MAIN ST STE 200 NORFOLK, VA	DUE DATE: 12/31/2013 SCC ID NO: 06489702 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>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 114 W 20TH ST CITY/ST/ZIP: NORFOLK, VA 23517

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: SALLY KELLEY TITLE: PRES/TREAS ADDRESS: 5236 Powhatan Avenue CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: GEORGE MCCALLISTER TITLE: VP/SECRETARY ADDRESS: 1514 BOLLING AVENUE CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" 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/ SALLY KELLEY	SALLY KELLEY, PRES/TREAS	10/17/2013
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.