

1.) CORPORATION NAME:

**1st STOP HEALTH SERVICES INC**

DUE DATE: **1/31/2011**

SCC ID NO: **06512560**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
MABEL C BATES  
2567 CHAIN BRIDGE ROAD  
VIENNA, VA 22181**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8300 BOONE BLVD STE 500

CITY/ST/ZIP: VIENNA, VA 22182-

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: AMRILL SALVARY  
TITLE: PRESIDENT  
ADDRESS: 1925 ROSEDALE ST NE  
STE 3  
CITY/ST/ZIP/CO: WASHINGTON, DC 20002-

OFFICER

DIRECTOR

NAME: MABEL C BATES  
TITLE: VICE PRESIDENT  
ADDRESS: 2729 SOUTH UHLE STREET  
CITY/ST/ZIP/CO: ARLINGTON, VA 22206-

OFFICER

DIRECTOR

NAME: DR NJIDEKA UDOCHI  
TITLE: DIRECTOR  
ADDRESS: 9055 CHEVROLET DRIVE #100  
CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21042-

OFFICER

DIRECTOR

NAME: JUDE NJOKU  
TITLE: VICE PRESIDENT  
ADDRESS: 2567 CHAIN BRIDGE ROAD  
CITY/ST/ZIP/CO: VIENNA, VA 22181-

OFFICER

DIRECTOR

NAME: UCHE S NJOKU  
TITLE: S/T  
ADDRESS: 2567 CHAIN BRIDGE ROAD  
CITY/ST/ZIP/CO: VIENNA, VA 22181-

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.

<u>/s/ UCHE S NJOKU</u>	<u>UCHE S NJOKU, S/T</u>	<u>1/10/2011</u>
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.