

1.) CORPORATION NAME:

1st STOP HEALTH SERVICES INC.

DUE DATE: **1/31/2012**

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: 2567 CHAIN BRIDGE ROAD

CITY/ST/ZIP: VIENNA, VA 22181-

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: 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

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

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>1/26/2012</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.