

<p>1.) CORPORATION NAME: OASIS HOME HEALTH CARE, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: IBRAHIM A MOIZ 4151 CHAIN BRIDGE RD FAIRFAX, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: 06755201</p> <p>5.) STOCK INFORMATION</p> <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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44081 PIPELINE PLAZA
STE 305

CITY/ST/ZIP: ASHBURN, VA 20147

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.

<p>NAME: ANAB M ALI</p> <p>TITLE: CEO/ADMI</p> <p>ADDRESS: 21687 CHANNING COURT</p> <p>CITY/ST/ZIP/CO: ASHBURN, VA 20147</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
--	--

<p>NAME: YUSUF KHEIRE</p> <p>TITLE: CFO</p> <p>ADDRESS: 21687 CHANNING COURT</p> <p>CITY/ST/ZIP/CO: ASHBURN, VA 20147</p>	<input type="checkbox"/> OFFICER <input type="checkbox"/> 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.

/s/ ANAB M ALI	ANAB M ALI, CEO/ADMI	5/28/2014
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.