

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215512410
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1.) CORPORATION NAME: REVIVAL HOME HEALTH CARE AGENCY, INC.	DUE DATE: 5/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: AKRAM ELZEND 6066 LEESBURG PIKE STE 630 A FALLS CHURCH, VA	SCC ID NO: 06779276				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX 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>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6066 LEESBURG PIKE
STE 630A

CITY/ST/ZIP: FALLS CHURCH, VA 22041

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AKRAM ELZEND TITLE: PRES/CEO ADDRESS: 7816 POHICK RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AMIR ELSAYED TITLE: VICE PRESIDENT ADDRESS: 8453 CATIA LN CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153		

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/ AKRAM ELZEND	AKRAM ELZEND, PRES/CEO	3/31/2015
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.