

<p>1.) CORPORATION NAME: <b>Washington Center for Weight Management and Research, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REES BROOME, PC 1900 GALLOWS RD STE 700 TYSONS CORNER, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p>	<p>DUE DATE: <b>7/31/2014</b></p> <p>SCC ID NO: <b>06808075</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </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: 2300 WILSON BLVD  
STE 230

CITY/ST/ZIP: ARLINGTON, VA 22201

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: DOMENICA M RUBINO</p> <p>TITLE: P/S/D</p> <p>ADDRESS: 307 HILLWOOD AVE</p> <p>CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR</p>
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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/ DOMENICA M RUBINO	DOMENICA M RUBINO, P/S/D	7/18/2014
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.