

1.) CORPORATION NAME:

**MEDSCAR, INC.**

DUE DATE: **2/28/2011**

SCC ID NO: **07052228**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**OSCAR DE LEON**

**9355 RIVER CREST ROAD**

**MANASSAS, VA 20110**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9355 RIVER CREST ROAD

CITY/ST/ZIP: MANASSAS, VA 20110-

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: OSCAR DE LEON  
TITLE: OFFICER  
ADDRESS: 9355 RIVER CREST ROAD  
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

OFFICER

DIRECTOR

NAME: REMEDIOS DE LEON  
TITLE: DIRECTOR  
ADDRESS: 9355 RIVER CREST ROAD  
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

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.

/s/ OSCAR DE LEON

OSCAR DE LEON, OFFICER

2/26/2011

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.