

1.) CORPORATION NAME: Quality HomeCare Solutions, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JENNIFER R PATTERSON 16354 KRAMER ESTATE DR WOODBRIDGE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 4/30/2014 SCC ID NO: 07073893 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>1</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1936 B OPITZ BLVD

CITY/ST/ZIP: WOODBRIDGE, VA 22191

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: JENNIFER R PATTERSON TITLE: PRESIDENT ADDRESS: 16354 KRAMER ESTATE DR CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DORIS B ASIEDU TITLE: DIRECTOR ADDRESS: 15625 ALTMORE TRACE WAY CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MATILDA HAYFORD TITLE: DIRECTOR ADDRESS: 12121 SALEM TOWN DRIVE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ JENNIFER R PATTERSON	JENNIFER R PATTERSON, PRESIDENT	4/8/2014
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.