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| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216501285 |
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| 1.) CORPORATION NAME: ADAPTAbilities Therapy Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ERICA PERO 4708 BERRYWOOD RD. VIRGINIA BEACH, VA | DUE DATE: 1/31/2016 SCC ID NO: 07179351 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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5624 MEMORIAL DRIVE CITY/ST/ZIP: VIRGINIA BEACH, VA 23455 | |
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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.

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| NAME: DARLENE D MORAN OTR/L TITLE: PRESIDENT ADDRESS: 5624 MEMORIAL DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: CONRAD MARE MORAN TITLE: OFF./BUS.MGR. ADDRESS: 5624 MEMORIAL DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455 | <input checked="" 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.

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| /s/ DARLENE D MORAN OTR/L SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | DARLENE D MORAN OTR/L, PRESIDENT PRINTED NAME AND CORPORATE TITLE | 12/30/2015 DATE |
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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.