

1.) CORPORATION NAME:

**FAMILY HORIZONS HOME HEALTH CARE AGENCY INC.**

DUE DATE: **6/30/2011**

SCC ID NO: **07244205**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
DONNIEL JACKSON  
385 GARRISONVILLE ROAD  
SUITE 111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**STAFFORD, VA 22554**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**STAFFORD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 385 GARRISONVILLE ROAD  
SUITE 111

CITY/ST/ZIP: STAFFORD, VA 22554-

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: DONNIEL JACKSON  
TITLE: DIRECTOR  
ADDRESS: 31 THORNBERRY LANE  
CITY/ST/ZIP/CO: STAFFORD, VA 22556-

OFFICER  DIRECTOR

NAME: DONNIEL JACKSON  
TITLE: PRESIDENT  
ADDRESS: 31 THORNBERRY LANE  
CITY/ST/ZIP/CO: STAFFORD, VA 22556-

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/ DONNIEL JACKSON      DONNIEL JACKSON, DIRECTOR      7/29/2011  
SIGNATURE OF DIRECTOR/OFFICER      PRINTED NAME AND CORPORATE      DATE  
LISTED IN THIS REPORT      TITLE

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.