

1.) CORPORATION NAME: Centel Healthcare Inc.	DUE DATE: 8/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ACEY TUCKER 1109 DUDLEY RD HALIFAX, VA	SCC ID NO: 07266125				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HALIFAX COUNTY	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 E. Franklin St.
Suite 628

CITY/ST/ZIP: Richmond, VA 23219

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ACEY NELSON TUCKER		
TITLE: PRESIDENT		
ADDRESS: P O BOX 2429		
CITY/ST/ZIP/CO: PETERSBURG, VA 23804		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TYLER EDMOND S		
TITLE: DIRECTOR		
ADDRESS: 3503 BARTLEY POND COURT		
CITY/ST/ZIP/CO: RICHMOND, VA 23233		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHAWNDA YOUNG		
TITLE: DIRECTOR		
ADDRESS: 805 BRANDEN SPRINGS DRIVE		
CITY/ST/ZIP/CO: APT B5 NORTH CHESTERFIELD, VA 23223		

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/ ACEY NELSON TUCKER	ACEY NELSON TUCKER, PRESIDENT	9/16/2014
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.