

1.) CORPORATION NAME: NOVA CARDIOVASCULAR CARE, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KAMBIZ YAZDANI 8601 TEBBS LN MCLEAN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 2/28/2014 SCC ID NO: 07337108 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>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8601 TEBBS LANE CITY/ST/ZIP: MCLEAN, VA 22102
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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: KAMBIZ YAZDANI TITLE: PRESIDENT ADDRESS: 8601 TEBBS LANE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DARYA YAZDANI TITLE: DIRECTOR ADDRESS: 8601 TEBBS LANE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SABA YAZDANI TITLE: DIRECTOR ADDRESS: 8601 TEBBS LANE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NEDA ZARRABY TITLE: DIRECTOR ADDRESS: 8601 TEBBS LANE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" 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.

/s/ KAMBIZ YAZDANI	KAMBIZ YAZDANI, PRESIDENT	1/16/2014
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.