

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212510112				
1.) CORPORATION NAME: <b>A2 Medical Group, Inc.</b>		DUE DATE: <b>3/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BRIAN AUGUST 44160 SCHOLAR PLAZA SUITE #390  LEESBURG, VA 20176</b>		SCC ID NO: <b>07342496</b>  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: <b>LOUDOUN COUNTY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 44160 Scholar Plaza Suite 390  CITY/ST/ZIP: Leesburg, VA 20176						
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: JOSEPH P AMATOP TITLE: PRESIDENT ADDRESS: 42829 HERITAGE OAK COURT CITY/ST/ZIP/CO: BROADLANDS, VA 20148	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: BRIAN M AUGUST TITLE: VICE PRESIDENT ADDRESS: 14886 BANKFIELD DR CITY/ST/ZIP/CO: WATERFORD, VA 20197	<input checked="" 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/ BRIAN M AUGUST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN M AUGUST, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/22/2012 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.						