

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213550136

1.) CORPORATION NAME:

**Advanced Adult Care**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KORPO MORLU MENDES-COLE  
137 COACHMAN CIR  
STAFFORD, VA**

SCC ID NO: **07432917**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**STAFFORD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 137 COACHMAN CIRCLE

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KOISAY MORLU		
TITLE:	OFFICER		
ADDRESS:	137 COACHMAN CIRCLE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KORPO MORLU MENDES-COLE		
TITLE:	DIRECTOR		
ADDRESS:	137 COACHMAN CIRCLE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		

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.

<u>/s/ KORPO MORLU MENDES-COLE</u>	<u>KORPO MORLU MENDES-COLE,</u>	<u>10/28/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.