

1.) CORPORATION NAME:

BEST MEDS INC.

DUE DATE: **1/19/2012**

SCC ID NO: **07462336**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

**CORPORATE FILING SOLUTIONS, LLC
12020 SUNRISE VALLEY DRIVE,SUITE 100
RESTON, VA 20191**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12020 SUNRISE VALLEY DRIVE,SUITE 100

CITY/ST/ZIP: RESTON, VA 20191-

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: SAFALTA SINGHAL
TITLE: DIRECTOR
ADDRESS: 12020 SUNRISE VALLEY DRIVE,SUITE 100
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER

DIRECTOR

NAME: SAFALTA SINGHAL
TITLE: PRESIDENT
ADDRESS: 12020 SUNRISE VALLEY DRIVE,SUITE 100
CITY/ST/ZIP/CO: RESTON, VA 20191-

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/ SAFALTA SINGHAL

SAFALTA SINGHAL, DIRECTOR

1/19/2012

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.