

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214511661
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1.) CORPORATION NAME: ACTERA HEALTH INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KEITH JENKINS 11809 LUCASVILLE RD MANASSAS, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 3/31/2014 SCC ID NO: 07491822 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>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2317 Westwood Ave Ste 103B CITY/ST/ZIP: Richmond, VA 23230
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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.

NAME: KEITH JENKINS TITLE: PRESIDENT ADDRESS: 11809 LUCASVILLE RD CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JASON WEST TITLE: DIRECTOR ADDRESS: 11809 LUCASVILLE RD CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KEITH JENKINS	KEITH JENKINS, PRESIDENT	3/2/2014
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.