

1.) CORPORATION NAME: PIVOTPOINT HEALTH CORP.	DUE DATE: 5/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DEKA A JAMA 2946 SLEEPY HOLLOW RD SUITE 2D FALLS CHURCH, VA	SCC ID NO: 07513005
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 25783 FENIAN CT CITY/ST/ZIP: CHANTILLY, VA 20152	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMAD ABDI DEEF		
TITLE: VICE PRESIDENT		
ADDRESS: 25783 FENIAN CT		
CITY/ST/ZIP/CO: CHANTILLY, VA 20152		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEKA A JAMA		
TITLE: PRESIDENT		
ADDRESS: 25783 FENIAN CT		
CITY/ST/ZIP/CO: CHANTILLY, VA 20152		

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/ SAMAD ABDI DEEF	SAMAD ABDI DEEF, VICE PRESIDENT	6/18/2013
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.