

1.) CORPORATION NAME: AAA PEDIATRIC N ADULT HEALTH CARE SERVICE Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BARISI J D CORNELIUS 8143 RICHMOND HWY ALEXANDRIA, VA	DUE DATE: 8/31/2015 SCC ID NO: 07548241 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>2</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2
CLASS	AUTHORIZED				
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8143 RICHMOND HWY STE 104 CITY/ST/ZIP: ALEXANDRIA, VA 22309
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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: BARRISI CARNELIUS TITLE: PRESIDENT/DIR ADDRESS: 8233 FRESNO LANE APT 103 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: CAROLYN BRYANT-TAYLOR TITLE: DIRECTOR ADDRESS: 9113 LINHURST DR CITY/ST/ZIP/CO: CLINTON, MD 20735	<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/ BARRISI CARNELIUS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARRISI CARNELIUS, PRESIDENT/DIR PRINTED NAME AND CORPORATE TITLE	10/9/2015 DATE
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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.