

1.) CORPORATION NAME: <b>STARLIGHT NON-EMERGENCY MEDICAL TRANSPORTATION, INCORPORATED</b>	DUE DATE: <b>4/30/2014</b>  SCC ID NO: <b>07629371</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DWANDA DAWSON 1608 SPECTATOR STREET PORTSMOUTH, VA</b>	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PORTSMOUTH CITY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 317 HALEDON RD  CITY/ST/ZIP: CHESAPEAKE, VA 23320
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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: DWANDA DAWSON TITLE: PRESIDENT ADDRESS: 1608 SPECTATOR ST CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: STACEY DAWSON TITLE: VICE PRESIDENT ADDRESS: 1608 SPECTATOR ST CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701	<input checked="" 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/ DWANDA DAWSON	DWANDA DAWSON, PRESIDENT	3/28/2014
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.