

1.) CORPORATION NAME: ALLIED PRO HOME HEALTHCARE INC.	DUE DATE: 4/12/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SAIRA LOBO 5105-B BACKLICK ROAD ANNANDALE, VA	SCC ID NO: 07634314		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5105 Backlick Road "B" CITY/ST/ZIP: Annandale, VA 22003	
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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: SAIRA LOBO TITLE: PRESIDENT ADDRESS: 5105-B BACKLICK ROAD CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: MINNETTE RAMOS-FLORES TITLE: DIRECTOR ADDRESS: 13405 Trey Lane CITY/ST/ZIP/CO: Clifton, VA 20124	<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/ SAIRA LOBO	SAIRA LOBO, PRESIDENT	4/12/2013
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.