

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214527114
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1.) CORPORATION NAME: ALLIED PRO HOME HEALTHCARE INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SAIRA LOBO 5105-B BACKLICK ROAD ANNANDALE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 4/30/2014 SCC ID NO: 07634314 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5105 BACKLICK ROAD
"B"

CITY/ST/ZIP: ANNANDALE, VA 22003

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	5/27/2014
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.