

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215532579				
1.) CORPORATION NAME: Adult Healthcare Services Incorporated		DUE DATE: 7/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CLIFTON M COGER 7144 HULL STREET RD RICHMOND, VA		SCC ID NO: 07673569				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FRANKLIN COUNTY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA		<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					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 505 SOUTH MAIN STREET						
CITY/ST/ZIP: ROCKY MOUNT, VA 24151						
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: DANA C. GUHH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 670 NORTH CREEK ROAD						
CITY/ST/ZIP/CO: APPOMOTTOX, VA 24522						
NAME: CLIFTON COGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 7144 HULL STREET ROAD						
CITY/ST/ZIP/CO: RICHMOND, VA 23235						
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/ CLIFTON COGER	CLIFTON COGER, DIRECTOR	9/1/2015				
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.						