

1.) CORPORATION NAME: Appomattox Adult Healthcare Services Incorporated 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CLIFTON COGER, CPA 7144 HULL STREET ROAD RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: APPOMATTOX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 7/31/2015 SCC ID NO: 07673577 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
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6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 266 COURT STREET CITY/ST/ZIP: APPOMATTOX, VA 24522

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: CLIFTON COGER, CPA TITLE: DIRECTOR ADDRESS: 7144 HULL STREET ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: DANA GUNN, RN TITLE: DIRECTOR ADDRESS: 266 COURT STREET CITY/ST/ZIP/CO: APPOMATTOX, VA 24522	<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/ CLIFTON COGER, CPA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLIFTON COGER, CPA, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/1/2015 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.