

1.) CORPORATION NAME:

**DEDICATED CARE HEALTH SERVICES, INC.**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SAMUEL ASONGWED  
5571 ST CHARLES DR  
WOODBIDGE, VA**

SCC ID NO: **07691405**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5571 St Charles Dr

CITY/ST/ZIP: Woodbridge, VA 22193

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS A TUNUE	
TITLE:	PRESIDENT	
ADDRESS:	4129 WATERBACK WAY	
CITY/ST/ZIP/CO:	BURTONSVILLE, MD 20866	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	YASMINE M AMIBANG	
TITLE:	DIRECTOR	
ADDRESS:	3707 BERLEIGH HILL CT	
CITY/ST/ZIP/CO:	BURTONSVILLE, MD 20866	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SAMUEL ASONGWED	
TITLE:	DIRECTOR	
ADDRESS:	276 STEVENSON SQUARE	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22034	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE N MOFOR	
TITLE:	DIRECTOR	
ADDRESS:	12415 OXFORD ST	
CITY/ST/ZIP/CO:	LAUREL, MD 20707	

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/ THOMAS A TUNUE	THOMAS A TUNUE, PRESIDENT	5/19/2016
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.