

<p>1.) CORPORATION NAME: ADULT MEDICAL PREDICTIVE DEVICES, DIAGNOSTICS ANDDISPLAYS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: J RANDALL MOORMAN 1406 SANDOWN LANE KESWICK, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 1/31/2015</p> <p>SCC ID NO: 07738420</p> <p>5.) STOCK INFORMATION</p> <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>40,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	40,000
CLASS	AUTHORIZED				
COMMON	40,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 108 2ND STREET SW
STE 3

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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: KEVIN PASSARELLO TITLE: PRES/SECRE ADDRESS: PO BOX 568 CITY/ST/ZIP/CO: GORDONSVILL, VA 22942	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: J. RANDALL MOORMAN TITLE: CMO/VP ADDRESS: 1406 SANDOWN LANE CITY/ST/ZIP/CO: KESWICK, VA 22947	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: LISA MOORMAN TITLE: TREASURER ADDRESS: 1406 SANDOWN LANE CITY/ST/ZIP/CO: KESWICK, VA 22947	<input checked="" 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/ KEVIN PASSARELLO	KEVIN PASSARELLO, PRES/SECRE	3/2/2015
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.