

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216516482

1.) CORPORATION NAME:

HEALTH-PRO HOMECARE SERVICES, INC.

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAVONIA JACKSON
611 RESEARCH ROAD
SUITE-E**

SCC ID NO: **07753759**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 SOUTHLAKE BLVD
SUITE-D

CITY/ST/ZIP: RICHMOND, VA 23236

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:	SYLVESTER BAILEY III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/OFFICER		
ADDRESS:	4477 STANTONSBURG ROAD		
CITY/ST/ZIP/CO:	GREENVILLE, NC 27834		

NAME:	DORIS D BAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4477 STANTONSBURG ROAD		
CITY/ST/ZIP/CO:	GREENVILLE, NC 27834		

NAME:	LAVONIA JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	611 RESEARCH ROAD SUITE-E		
CITY/ST/ZIP/CO:	RICHMOND, VA 23236		

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/ SYLVESTER BAILEY III	SYLVESTER BAILEY III,	4/30/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIR/OFFICER 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.