

1.) CORPORATION NAME:

**VANTAGE HEALTHCARE CORPORATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **11/30/2011**

SCC ID NO: **F0442451**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,400,000
PREFNV	82,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 FIANNA WAY

CITY/ST/ZIP: FORT SMITH, AR 72919-

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 type="checkbox"/> DIRECTOR
NAME:	LARRY N JOSEPH	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 FIANNA WAY	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72919-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HOLLY A RASMUSSEN-JONES	
TITLE:	SECRETARY	
ADDRESS:	1000 FIANNA WAY	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72919-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SALVATORE F SALAMONE	
TITLE:	PRESIDENT	
ADDRESS:	1000 FIANNA WAY	
CITY/ST/ZIP/CO:	FT SMITH, AR 72919-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NICHOLAS R FINN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 FIANNA WAY	
CITY/ST/ZIP/CO:	FT SMITH, AR 72919-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANN TRUITT	
TITLE:	TREASURER	
ADDRESS:	1000 FIANNA WAY	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72919-	

NAME:	TINA C CHAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 FIANNA WAY		
CITY/ST/ZIP/CO:	FORT SMITH, AR 72919-		

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.

<u>/s/ HOLLY A RASMUSSEN-JONES</u>	<u>HOLLY A RASMUSSEN-JONES,</u>	<u>11/1/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> 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.