

1.) CORPORATION NAME:

VANTAGE HEALTHCARE CORPORATION

DUE DATE: **11/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0442451**

RICHMOND, VA

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5220 Tennyson Pkwy
SUITE 400

CITY/ST/ZIP: PLANO, TX 75024

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

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

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

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

NAME:	HOLLY A RASMUSSEN-JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>HOLLY A RASMUSSEN-JONES, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/4/2016</u> 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.