

1.) CORPORATION NAME: FARM & RANCH HEALTHCARE, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 2/28/2015 SCC ID NO: F1328436 5.) STOCK INFORMATION <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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: TX					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2901 RIVERGLEN DR. CITY/ST/ZIP: FT WORTH, TX 76109

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: MICHAEL K STEVENS TITLE: PRES/VP ADDRESS: 2901 RIVERGLEN DR. CITY/ST/ZIP/CO: FT WORTH, TX 76109	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROY L RENNELS TITLE: SECRETARY ADDRESS: 2901 RIVERGLEN DR. CITY/ST/ZIP/CO: FORT WORTH, TX 76109	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR

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/ ROY L RENNELS	ROY L RENNELS, SECRETARY	2/9/2015
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.