

1.) CORPORATION NAME:

**Health First - America's Charities**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1573981**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14150 NEWBROOK DR STE 110

CITY/ST/ZIP: CHANTILLY, VA 20151

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: STEVE DELFIN TITLE: PRES/CEO ADDRESS: 14150 NEWBROOK DR, STE 110 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARNOLD SWOPE TITLE: VICE PRESIDENT ADDRESS: 14150 NEWBROOK DR STE 110 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RICK SOLANO TITLE: SECRETARY/TREAS ADDRESS: 14150 NEWBROOK DR STE 110 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL COBURN TITLE: CHAIRMAN ADDRESS: 14150 NEWBROOK DR STE 110 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUG FRANKLIN TITLE: VICE CHAIR ADDRESS: 14150 NEWBROOK DR STE 110 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEAN CAMPBELL TITLE: DIRECTOR ADDRESS: 14150 NEWBROOK DR SUITE 110 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: John Glenn TITLE: DIRECTOR ADDRESS: 351 21st Street 3F CITY/ST/ZIP/CO: Brooklyn, NY 11215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Naomi Naierman TITLE: DIRECTOR ADDRESS: 2120 L Street, NW Ste 200 CITY/ST/ZIP/CO: Washington, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" 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/ STEVE DELFIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE DELFIN, PRES/CEO PRINTED NAME AND CORPORATE TITLE	12/2/2013 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.		