

1.) CORPORATION NAME:

Advanced Home Care, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **F1610767**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4001 PIEDMONT PKY

CITY/ST/ZIP: HIGH POINT, NC 27265-

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: JOEL MILLS
TITLE: PRES/CEO
ADDRESS: 4001 PIEDMONT PKY
CITY/ST/ZIP/CO: HIGH POINT, NC 27265-

OFFICER

DIRECTOR

NAME: JAMES HOGAN
TITLE: CFO/T
ADDRESS: 4001 PIEDMONT PARKWAY
CITY/ST/ZIP/CO: HIGH POINT, NC 27265-

OFFICER

DIRECTOR

NAME: TIMOTHY CLONTZ
TITLE: VICE CHRMN
ADDRESS: 721 GREEN VALLEY RD
CITY/ST/ZIP/CO: GREENSBORO, NC 27408-

OFFICER

DIRECTOR

NAME: JOAN HAUBENREISER
TITLE: PRESIDENT
ADDRESS: 3333 SILAS CREEK PKWY
CITY/ST/ZIP/CO: WINSTON SALEM, NC 27103-

OFFICER

DIRECTOR

NAME: LINDA RONEY
TITLE: PRESIDENT
ADDRESS: 601 NORTH ELM ST
CITY/ST/ZIP/CO: HIGH POINT, NC 27262-

OFFICER

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.

<u>/s/ JAMES HOGAN</u>	<u>JAMES HOGAN, CFO/T</u>	<u>11/9/2011</u>
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.