

1.) CORPORATION NAME:

**Roberts Home Medical, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1627449**

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
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20465 SENACA MEADOWS PARKWAY

CITY/ST/ZIP: GERMANTOWN, MD 20876-

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: LYNN BRYSON  
TITLE: PRESIDENT  
ADDRESS: 20465 SENACA MEADOWS PARKWAY  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

OFFICER

DIRECTOR

NAME: WILLIAM P ROBERTS III  
TITLE: VP, TREAS  
ADDRESS: 15830 REDLAND RD  
CITY/ST/ZIP/CO: ROCKVILLE, MD 20855-

OFFICER

DIRECTOR

NAME: GANA R DUNLOP  
TITLE: DIRECTOR  
ADDRESS: 15830 REDLAND RD  
CITY/ST/ZIP/CO: ROCKVILLE, MD 20855-

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.

/s/ WILLIAM P ROBERTS III  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

WILLIAM P ROBERTS III,  
VP, TREAS  
PRINTED NAME AND CORPORATE  
TITLE

4/29/2011

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.