

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

Associates In Rehabilitation Management, Inc.

SCC ID NO: **F1630716**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2741 NOBLESTOWN RD

CITY/ST/ZIP: PITTSBURGH, PA 15205-

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: DAVID J MILLER
TITLE: PRES/TREASURER
ADDRESS: 2741 NOBLESTOWN RD
CITY/ST/ZIP/CO: PITTSBURGH, PA 15205-

OFFICER

DIRECTOR

NAME: DEANN KASPER
TITLE: SECRETARY
ADDRESS: 2741 NOBLESTOWN RD
CITY/ST/ZIP/CO: PITTSBURGH, PA 15205-

OFFICER

DIRECTOR

NAME: SUSAN L WHITE
TITLE: DIRECTOR
ADDRESS: 2741 NOBLESTOWN RD
CITY/ST/ZIP/CO: PITTSBURGH, PA 15205-

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/ DAVID J MILLER

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DAVID J MILLER,
PRES/TREASURER

PRINTED NAME AND CORPORATE
TITLE

5/18/2011

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.