

1.) CORPORATION NAME: Associates In Rehabilitation Management, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	DUE DATE: 6/30/2013 SCC ID NO: F1630716 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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
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.
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NAME: DAVID J MILLER TITLE: PRES/TREASURER ADDRESS: 2741 NOBLESTOWN RD CITY/ST/ZIP/CO: PITTSBURGH, PA 15205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEANN KASPER TITLE: SECRETARY ADDRESS: 2741 NOBLESTOWN RD CITY/ST/ZIP/CO: PITTSBURGH, PA 15205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN L WHITE TITLE: DIRECTOR ADDRESS: 2741 NOBLESTOWN RD CITY/ST/ZIP/CO: PITTSBURGH, PA 15205	<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/ DAVID J MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID J MILLER, PRES/TREASURER PRINTED NAME AND CORPORATE TITLE	6/25/2013 DATE
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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.