

1.) CORPORATION NAME: Afghan Medical Professionals Association of America, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LONNIE C RICH 201 N UNION ST STE 140 ALEXANDRIA, VA 22314	DUE DATE: 8/31/2012 SCC ID NO: F1639097 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: ALEXANDRIA CITY			
4.) STATE OR COUNTRY OF INCORPORATION: MA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: AMPAA C/O Hosai Hesham, MD 1201 North Garfield St #310 CITY/ST/ZIP: Arlington, VA 22201

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: HOSAI HESHAM, MD TITLE: PRESIDENT ADDRESS: 1201 N GARFEILD ST #310 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Mansour SHAMAL, MD TITLE: TREASURER ADDRESS: 12359 SUNRISE VALLY DR SUITE 200 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ HOSAI HESHAM, MD	HOSAI HESHAM, MD, PRESIDENT	10/3/2012
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.