

1.) CORPORATION NAME:

PlasmaCare, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1692807**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2410 LILLYVALE AVENUE

CITY/ST/ZIP: LOS ANGELES, CA 90032

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:	RAY KNUEVEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP AND CFO		
ADDRESS:	1128 MAIN STREET		
CITY/ST/ZIP/CO:	3RD FLOOR CINCINNATI, OH 45202		
NAME:	MAXIME DE BROUWER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2410 LILLYVALE AVENUE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90032		
NAME:	DAVID I BELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2410 LILLYVALE AVE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90032		
NAME:	CHERYL LAWRENCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2410 LILLYVALE AVENUE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90032		
NAME:	DAVID PIERCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2410 LILLYVALE AVENUE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90032		
NAME:	TOMAS DAGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AV. DIAGONAL, 477 PLANTA 26		
CITY/ST/ZIP/CO:	, , FN		

NAME: VICTOR GRIFOLS TITLE: DIRECTOR ADDRESS: C/DE LA MARINA, 16-18 PLANTA 26 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAVIER JORBA TITLE: DIRECTOR ADDRESS: C/DE LA MARINA, 16-18 PLANTA 26 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY G. RICH TITLE: DIRECTOR ADDRESS: 2410 LILLYVALE AVENUE CITY/ST/ZIP/CO: LOS ANGELES, CA 90032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAMON RIERA TITLE: DIRECTOR ADDRESS: AV. DE LA GENERALITAT, 152 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUAN IGNACIO TWOSE TITLE: DIRECTOR ADDRESS: C/DE LA MARINA, 16-18 PLANTA 26 CITY/ST/ZIP/CO: , , FN	<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 PIERCE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID PIERCE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/8/2013 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.		