

1.) CORPORATION NAME:

**Premier Homecare, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1713991**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6123 MONTROSE RD

CITY/ST/ZIP: ROCKVILLE, MD 20852

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:	KEN KOZLOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6123 MONTROSE RD		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		
NAME:	CAROL PARKER-PEREZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	6123 MONTROSE RD.		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		
NAME:	CHERI ARTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6123 MONTROSE RD		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		
NAME:	DARREN BINDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1503 SWANN ST., NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20009		
NAME:	MICHAEL CUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5307 ELLIOTT ROAD		
CITY/ST/ZIP/CO:	BETHESDA, VA 20816		
NAME:	STEPHEN EICHLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5600 WISCONSIN AVE		
CITY/ST/ZIP/CO:	PH 18-D CHEVY CHASE, MD 20815		

NAME: JOE KESSLER TITLE: PRESIDENT ADDRESS: 7008 DEEP CREEK COURT CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK LEVITT TITLE: DIRECTOR ADDRESS: 6001 MONTROSE RD CITY/ST/ZIP/CO: ROCKVILLE, MD 20852	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARCIA NUSGART TITLE: SECRETARY ADDRESS: 5225 POOKS HILL RD. CITY/ST/ZIP/CO: ROCKVILLE, MD 20814	<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/ CAROL PARKER-PEREZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL PARKER-PEREZ, CFO PRINTED NAME AND CORPORATE TITLE	5/8/2012 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.		