

1.) CORPORATION NAME: Unity Health Care, Inc.	DUE DATE: 11/30/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060	SCC ID NO: F1727371
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: DC	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1220 12TH ST SE STE 120 CITY/ST/ZIP: WASHINGTON, DC 20003	
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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: VINCENT A KEANE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRES/CEO				
ADDRESS: 1220 12TH ST SE STE 120				
CITY/ST/ZIP/CO: WASHINGTON, DC 20003				

NAME: ARDELL BUTLER	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: EXEC VP/CFO				
ADDRESS: 1220 12TH ST SE STE 120				
CITY/ST/ZIP/CO: WASHINGTON, DC 20003				

NAME: JANELLE GOETCHEUS MD	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: EXEC VP/CMO				
ADDRESS: 1220 12TH ST SE STE 120				
CITY/ST/ZIP/CO: WASHINGTON, DC 20003				

NAME: Michael Crawford	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 1220 12TH ST STE 120				
CITY/ST/ZIP/CO: WASHINGTON, DC 20003				

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/ VINCENT A KEANE	VINCENT A KEANE, PRES/CEO	1/2/2013
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.