

1.) CORPORATION NAME:

MEDSTAR HEALTH INFUSION, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **F1741166**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7379 WASHINGTON BLVD

CITY/ST/ZIP: ELKRIDGE, MD 21075-

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:	TRACI ANDERSON-ARAUJO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7379 WASHINGTON BLVD		
CITY/ST/ZIP/CO:	ELKRIDGE, MD 21075-		

NAME:	MARK MEGINNIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7379 WASHINGTON BLVD		
CITY/ST/ZIP/CO:	ELKRIDGE, MD 21075-		

NAME:	OLIVER M. JOHNSON, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7379 WASHINGTON BLVD		
CITY/ST/ZIP/CO:	ELKRIDGE, MD 21075-		

NAME:	ERIC R. WAGNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Director		
ADDRESS:	7379 WASHINGTON BLVD		
CITY/ST/ZIP/CO:	ELKRIDGE, MD 21075-		

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.

<u>/s/ OLIVER M. JOHNSON, II</u>	OLIVER M. JOHNSON, II,	<u>1/19/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.