

1.) CORPORATION NAME: Homeland Healthcare Agency, Inc.	DUE DATE: 7/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM KB 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F1759713				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				
4.) STATE OR COUNTRY OF INCORPORATION: TX					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 825 MARKET ST #300

CITY/ST/ZIP: ALLEN, TX 75013

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: ROBERT J BYRNES TITLE: PRESIDENT ADDRESS: 825 MARKET ST #300 CITY/ST/ZIP/CO: ALLEN, TX 75031	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: STEPHEN V JONES TITLE: CEO ADDRESS: 825 MARKET ST #300 CITY/ST/ZIP/CO: ALLEN, TX 75013	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: REBA J. LEONARD TITLE: SECRETARY ADDRESS: 825 MARKET STREET, #300 CITY/ST/ZIP/CO: ALLEN, TX 75013	<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/ REBA J. LEONARD	REBA J. LEONARD, SECRETARY	7/1/2013
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.