

1.) CORPORATION NAME:

Specialists On Call, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1794322**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
PREFER	138,953,105
COMMON	101,150,126

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1503 Edwards Ferry Road NE
Suite #310

CITY/ST/ZIP: Leesburg, VA 20176

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: JOE PETERSON, M.D. TITLE: PRESIDENT ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOE PETERSON, M.D. TITLE: SECRETARY ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Gregory Reynolds TITLE: TREASURER ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JIM SIMS TITLE: CHAIRMAN ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID BUTTERWORTH TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: FRANCIS X. EGAN TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRED C. GOAD TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BEVIL J. HOGG TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: L. KEITH MULLINS TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOE PETERSON, M.D. TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: A. TRAVIS SPITZER TITLE: DIRECTOR ADDRESS: 1503 Edwards Ferry Road NE Suite #310 CITY/ST/ZIP/CO: Leesburg, VA 20176	<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/ JOE PETERSON, M.D. _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOE PETERSON, M.D., PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	4/26/2012 _____ 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.		