

1.) CORPORATION NAME: <b>PrimeCare Medical, Inc.</b>	DUE DATE: <b>6/30/2015</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	SCC ID NO: <b>F1829326</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td>5,000</td> </tr> <tr> <td>COMBNV</td> <td>500,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	5,000	COMBNV	500,000
CLASS	AUTHORIZED						
COMAV	5,000						
COMBNV	500,000						
4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3940 LOCUST LANE

CITY/ST/ZIP: HARRISBURG, PA 17109

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARL A HOFFMAN, JR, D.O., D.SC., CCHP TITLE: P, TREA ADDRESS: 3940 LOCUST LANE CITY/ST/ZIP/CO: HARRISBURG, PA 17109		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THERESA MARIE HOFFMAN TITLE: VICE PRESIDENT ADDRESS: 3940 LOCUST LANE CITY/ST/ZIP/CO: HARRISBURG, PA 17109		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SANDRA M ULERICK, CCHP TITLE: SECRETARY ADDRESS: 3940 LOCUST LANE CITY/ST/ZIP/CO: HARRISBURG, PA 17109		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARCY HOFFMAN-SCHLEGEL, MHRM, CCHP TITLE: DIRECTOR ADDRESS: 3940 LOCUST LANE CITY/ST/ZIP/CO: HARRISBURG, PA 17109		

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/ CARL A HOFFMAN, JR, D.O., D.SC., CCHP	CARL A HOFFMAN, JR, D.O., D.SC., CCHP, P, TREA	1/5/2016
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.