

1.) CORPORATION NAME:

**Assura Group of NY, Ltd.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1853946**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000
PREFER	750,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 349 5th Avenue

CITY/ST/ZIP: New York, NY 10016

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:	URI BLACKMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	349 5th Ave		
CITY/ST/ZIP/CO:	NEW YORK, NY 10016		

NAME:	CHARLES GALLAGHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	349 5th Ave		
CITY/ST/ZIP/CO:	NEW YORK, NY 10016		

NAME:	RICHARD PZENA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 WEST 45TH ST 20TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME:	LAWRENCE SOLOMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	349 5th Ave		
CITY/ST/ZIP/CO:	NEW YORK, NY 10016		

NAME:	MICHAEL SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	349 5th Ave		
CITY/ST/ZIP/CO:	NEW YORK, NY 10016		

NAME:	Leslie Nylund	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	349 5th Ave		
CITY/ST/ZIP/CO:	New York, NY 10016		

NAME:                   Urijah Kaplan TITLE:                   TREASURER ADDRESS:               349 5th Ave CITY/ST/ZIP/CO:       New York, NY 10016	<input checked="" type="checkbox"/> OFFICER <input 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/ Urijah Kaplan	Urijah Kaplan, TREASURER	4/26/2012
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.		