

1.) CORPORATION NAME: MEDICOUNT MANAGEMENT, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 5/31/2016 SCC ID NO: F1860099 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>850</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	850
CLASS	AUTHORIZED				
COMMON	850				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: OH					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10361 SPARTAN DRIVE CITY/ST/ZIP: CINCINNATI, OH 45215	
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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: JOEY (JOSEPH) A NEWCOMB TITLE: PRES/DIR ADDRESS: 10361 SPARTAN DRIVE CITY/ST/ZIP/CO: CINCINNATI, OH 45215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: TIMOTHY NEWCOMB TITLE: VP/DIR ADDRESS: 10361 SPARTAN DRIVE CITY/ST/ZIP/CO: CINCINNATI, OH 45215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSEPH D NEWCOMB TITLE: COO/DIR ADDRESS: 10361 SPARTAN DRIVE CITY/ST/ZIP/CO: CINCINNATI, OH 45215	<input checked="" 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/ JOEY (JOSEPH) A NEWCOMB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOEY (JOSEPH) A NEWCOMB, PRES/DIR PRINTED NAME AND CORPORATE TITLE	5/17/2016 DATE
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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.