

1.) CORPORATION NAME: <b>CASCADE MEDICAL SUPPLY, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          BANK OF AMERICA CENTER, 16TH FLOOR          1111 EAST MAIN STREET           RICHMOND, VA</b>	DUE DATE: <b>2/29/2016</b>  SCC ID NO: <b>F1887340</b>  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>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>WA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4345 SOUTH POINT BLVD  CITY/ST/ZIP: JACKSONVILLE, FL 32216
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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.
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NAME: STANTON J MCCOMB TITLE: PRESIDENT ADDRESS: 8741 LANDMARJ ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23228	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIE C BOGAN TITLE: SECRETARY ADDRESS: ONE POST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MELISSA WU TITLE: ASST SECRETARY ADDRESS: ONE POST STREET CITY/ST/ZIP/CO: SAN FRANFORT, CA 94104	<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/ MELISSA WU	MELISSA WU, ASST SECRETARY	2/23/2016
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.