

1.) CORPORATION NAME:

Total Care Services, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATIENCE ANN ALEXANDER PC
211 N. UNION STREET
SUITE 100**

SCC ID NO: **F1895350**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ALEXANDRIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5000 Philadelphia Way
Ste J

CITY/ST/ZIP: Lanham, MD 20706

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:	Drucella Wheeler Ndoye	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9787 Good Luck Road		
CITY/ST/ZIP/CO:	Lanham, MD 20706		
NAME:	ERIC SIMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6105 Lamont Drive		
CITY/ST/ZIP/CO:	New Carrollton, MD 20784		
NAME:	Lisa Campbell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6621 Highgale Drive		
CITY/ST/ZIP/CO:	Ft. Washington, MD 20744		
NAME:	Peggy Butler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1007 Wahler Place SE		
CITY/ST/ZIP/CO:	Washington, DC 20032		
NAME:	Brigid Avery	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5313 Vienna Drive		
CITY/ST/ZIP/CO:	Clinton, MD 20735		
NAME:	Lois Fitzgerald	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	406 Suffolk Ave		
CITY/ST/ZIP/CO:	Capitol Heights, MD 20743		

NAME:	Charles Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5000 Philadelphia Way		
CITY/ST/ZIP/CO:	Ste J Lanham, MD 20706		

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/ Drucella Wheeler Ndoye	Drucella Wheeler Ndoye,	3/29/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.