

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213534964
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1.) CORPORATION NAME: iV Medical Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VCORP AGENT SERVICES INC 250 BROWNS HILL CT PO BOX 353 MIDLOTHIAN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NV	DUE DATE: 8/31/2013 SCC ID NO: F1904111 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>75,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	75,000
CLASS	AUTHORIZED				
COMMON	75,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 12 OVAL DR CITY/ST/ZIP: Islandia, NY 11749	
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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: VINCENT PIPIA TITLE: PRESIDENT ADDRESS: 87 WILDWOOD DR CITY/ST/ZIP/CO: DIX HILLS, NY 11746	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JOHN GRECO TITLE: SECRE ADDRESS: 667 WOODSIDE AVE CITY/ST/ZIP/CO: RIVERVALE, NJ 07675	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CRAIG COHEN TITLE: PRESIDENT ADDRESS: 6 DEERLAND DR CITY/ST/ZIP/CO: EAST QUOGUE, NY 11942	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ CRAIG COHEN	CRAIG COHEN, PRESIDENT	7/29/2013
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.