

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214551144
------------------	---	-----------

1.) CORPORATION NAME: GRAFFITI HEALTHCARE PROVIDERS INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	DUE DATE: 9/30/2014 SCC ID NO: F1939653 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: MD					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7114 ANNAPOLIS RD

CITY/ST/ZIP: HYATTSVILLE, MD 20784

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASMINE OLAWDLE TITLE: DIRECTOR ADDRESS: 16106 EDENWOOD DR CITY/ST/ZIP/CO: BOWIE, MD 20716		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES OLAWOLE TITLE: DIRECTOR ADDRESS: 7114 ANNAPOLIS RD CITY/ST/ZIP/CO: HYATTSVILLE, MD 20784		

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/ CHARLES OLAWOLE	CHARLES OLAWOLE, DIRECTOR	11/25/2014
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.