

1.) CORPORATION NAME:

CENTRAL VIRGINIA HEALTH SERVICES, INC.

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES W ALLBAUGH
PO BOX 220
NEW CANTON, VA**

SCC ID NO: **01266493**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BUCKINGHAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 25892 JAMES MADISON HWY

CITY/ST/ZIP: NEW CANTON, VA 23123

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:	FRANK SHERIDAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ROUTE 2, BOX 1990		
CITY/ST/ZIP/CO:	KENTS STORE, VA 23084		
NAME:	BYRON ADKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 98		
CITY/ST/ZIP/CO:	CHARLES CITY, VA 23030		
NAME:	BOB SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	13301 BENT CREEK RD		
CITY/ST/ZIP/CO:	AMELIA COURT HOUSE, VA 23002		
NAME:	SAMUEL BATEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P O BOX 583		
CITY/ST/ZIP/CO:	FORK UNION, VA 23055		
NAME:	RUDOLPH DUNBAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3908 YORKTOWN DR		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		
NAME:	CANDYACE DUNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2294 OLIVE BRANCH ROAD		
CITY/ST/ZIP/CO:	PROSPECT, VA 23960		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRANVILLE FISHER DIRECTOR PO BOX 27 OLDHAMS, VA 22529	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODERICK MANIFOLD DIRECTOR 3 ELM CT PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN MANSTER DIRECTOR PO BOX 468 BOWLING GREEN, VA 22427	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLA MARTINDALE DIRECTOR PO BOX 262 ALBERTA, VA 23821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH MOORE DIRECTOR 111 OAK HILL RD DRAKES BRANCH, VA 23937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN PERRY DIRECTOR 15917 WHITE OAK ROAD CHURCH ROAD, VA 23833	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY SCOTT DIRECTOR 7982 PORTERS ROAD ESMONT, VA 22937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEARLINE TAYLOR DIRECTOR 18128 WINSTON LOOP HANOVER, VA 23069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE WILLS DIRECTOR PO BOX 2613 TAPPAHANNOCK, VA 22560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGUERITE YOUNG DIRECTOR 323 CANNON CIRCLE FREDERICKSBURG, VA 22401	<input 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/ RODERICK MANIFOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RODERICK MANIFOLD, DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/4/2015 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.