

1.) CORPORATION NAME:

**SELMA MEDICAL ASSOCIATES, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
PHILIP J O'DONNELL MD  
104 SELMA DRIVE  
WINCHESTER, VA 22601**

SCC ID NO: **01627165**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WINCHESTER CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 104 SELMA DR

CITY/ST/ZIP: WINCHESTER, VA 22601-

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: PHILIP J O'DONNELL MD  
TITLE: PRESIDENT  
ADDRESS: 550 SELDON DRIVE  
CITY/ST/ZIP/CO: WINCHESTER, VA 22601-

OFFICER

DIRECTOR

NAME: DANIEL B REESE  
TITLE: VICE PRESIDENT  
ADDRESS: 151 FOREST VALLEY COURT  
CITY/ST/ZIP/CO: WINCHESTER, VA 22602-

OFFICER

DIRECTOR

NAME: N. ELI SNELGROVE, MD  
TITLE: SECRETARY  
ADDRESS: 540 OLD FORT ROAD  
CITY/ST/ZIP/CO: WINCHESTER, VA 22601-

OFFICER

DIRECTOR

NAME: T AVERY GIBBS, MD  
TITLE: TREASURER  
ADDRESS: 507 BROOKNEILL DRIVE  
CITY/ST/ZIP/CO: WINCHESTER, VA 22602-

OFFICER

DIRECTOR

NAME: MARK GALBRAITH, MD  
TITLE: DIRECTOR  
ADDRESS: 2444 JONES ROAD  
CITY/ST/ZIP/CO: WINCHESTER, VA 22601-

OFFICER

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.

<u>/s/ PHILIP J O'DONNELL MD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PHILIP J O'DONNELL MD, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>11/8/2011</u> 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.