

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214521339				
1.) CORPORATION NAME: FAMILY MEDICAL CENTER, P.C.		DUE DATE: 4/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN S WISIACKAS ODIN FELDMAN & PITTLEMAN PC 1775 WIEHLE AVENUE STE 400 RESTON, VA		SCC ID NO: 01938703				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8638 CENTREVILLE ROAD CITY/ST/ZIP: MANASSAS, VA 20110-5264						
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: REMEDIOS L DELEON MD TITLE: P/S/T ADDRESS: 8638 CENTREVILLE RD CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" 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.						
<u>/s/ REMEDIOS L DELEON MD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>REMEDIOS L DELEON MD, P/S/T</u> PRINTED NAME AND CORPORATE TITLE	<u>4/23/2014</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.						