

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212517848

1.) CORPORATION NAME:

**Twin Rivers Medical Clinic, P.C.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS C FOSTER  
MCCANDLISH HOLTON PC  
1111 E MAIN ST STE 1500**

SCC ID NO: **01966662**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1012 WINSTON CHURCHILL DRIVE

CITY/ST/ZIP: HOPEWELL, VA 23860

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	A. WAHEED K. DURRANI		
TITLE:	PRESIDENT		
ADDRESS:	1107 MARL BANK DRIVE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MOHAMMED MUJEEBUDDIN MD		
TITLE:	VICE PRESIDENT		
ADDRESS:	1012 WINSTON CHURCHILL DRIVE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ABDUL Q MOHIUDDIN MD		
TITLE:	SEC/TREAS		
ADDRESS:	1012 WINSTON CHURCHILL DRIVE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		

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/ A. WAHEED K. DURRANI</u>	<u>A. WAHEED K. DURRANI,</u>	<u>5/14/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.