

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214550943

1.) CORPORATION NAME:

**KONIKOFF DENTAL ASSOCIATES, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALAN M FRIEDEN  
FAGGERT & FRIEDEN  
222 CENTRAL PARK AVE STE 1300**

SCC ID NO: **02010189**

**VIRGINIA BEACH, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,500,000  |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 LYNNHAVEN PKWY SUITE 100

CITY/ST/ZIP: VIRGINIA BEACH, VA 23456

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:           | DAVID B KONIKOFF             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                    |   |  |
| ADDRESS:        | 2100 LYNNHAVEN PKWY, STE 100 |   |  |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23456     |   |  |

|                 |                                |   |                                   |
|-----------------|--------------------------------|---|-----------------------------------|
| NAME:           | PAULINE S HEATH                | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT                 |   |                                   |
| ADDRESS:        | 2100 LYNNHAVEN PKWY<br>STE 100 |   |                                   |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23456       |   |                                   |

|                 |                                |   |                                   |
|-----------------|--------------------------------|---|-----------------------------------|
| NAME:           | RALPH N CULVER                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | CFO/SEC/TREAS                  |   |                                   |
| ADDRESS:        | 2100 LYNNHAVEN PKWY<br>STE 100 |   |                                   |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23456       |   |                                   |

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/ PAULINE S HEATH</u>                          | <u>PAULINE S HEATH, VICE</u>                  | <u>11/24/2014</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.