

1.) CORPORATION NAME:

**CENTRAL SHENANDOAH EMERGENCY MEDICAL
SERVICES COUNCIL, INCORPORATED**

DUE DATE: **1/31/2014**

SCC ID NO: **02022184**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY CRITZER
2312 W. BEVERLEY STREET
STAUNTON, VA**

5.) STOCK INFORMATION

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

STAUNTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2312 W BEVERLEY ST
CITY/ST/ZIP: STAUNTON, VA 24401

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:	GARY P CRITZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO Box 2038		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		

NAME:	PERLISTA Y HENRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	270 W Warm Springs Drive		
CITY/ST/ZIP/CO:	WARM SPRINGS, VA 24484		

NAME:	KIM CRAIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	27 MILL CREEK LN		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		

NAME:	DONNA HURST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	41 Middle River Road		
CITY/ST/ZIP/CO:	Verona, VA 24482		

NAME:	LT WAYNE PEER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20 E GAY STREET		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		

NAME:	Donald Matthew Daniels, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	249 Campbell Lane		
CITY/ST/ZIP/CO:	Lexington, VA 24450		

NAME: Chad Blosser TITLE: Exe. Director ADDRESS: 21 Fairfield Drive CITY/ST/ZIP/CO: Staunton, VA 24401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Janice Irvine TITLE: DIRECTOR ADDRESS: 950 Mt. Hermon Road CITY/ST/ZIP/CO: Middlebrook, VA 24459	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mac McCauley TITLE: DIRECTOR ADDRESS: 808 Crabtree Circle CITY/ST/ZIP/CO: Staunton, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elizabeth Alexander TITLE: DIRECTOR ADDRESS: 95 Red Hole Valley Road CITY/ST/ZIP/CO: Burnsville, VA 24487	<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/ Chad Blosser SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Chad Blosser, Exe. Director PRINTED NAME AND CORPORATE TITLE	11/18/2013 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.		