

1.) CORPORATION NAME:

**MEDICAL ASSOCIATES OF CENTRAL VIRGINIA, INC.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID R CANNON  
2215 LANDOVER PLACE  
LYNCHBURG, VA 24501**

SCC ID NO: **02034429**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LYNCHBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2215 LANDOVER PL

CITY/ST/ZIP: LYNCHBURG, VA 24501

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: ROBERT O BRENNAN TITLE: PRESIDENT ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EUGENE G WOLANSKI MD TITLE: P OF MACALI ADDRESS: P O BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID R CANNON TITLE: S/EX VP OF CLNC ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NATHAN WILLIAMS MD TITLE: T/EX VP ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WALTON K SYNDOR TITLE: EX VP ADDRESS: P O BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Juan P Aponte TITLE: Sr VP Clinical ADDRESS: PO Box 11889 CITY/ST/ZIP/CO: Lynchburg, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS CHI SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W MEADOWS SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MOIRA A RAFFERTY SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEETA RAKHERAM SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES S WADE SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER C WEBB SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D WILL SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H CHEATWOOD SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH A COOK SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R COOK SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN C KAUPPI SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK I LU SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIELLE S LEWIS SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARCHIBALD L LORD SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA YOUNT SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH G GUIDI SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHANNA P BROWN SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MURAT T GEZEN SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES PITTARD SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT K ARMOCK SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W ROBERTSON SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABRIELLE KORI JACKSON SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL T HODGES SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL J BENNETT SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KHIEM TRAN SR VP CLINICAL PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA WISNIEWSKI VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA A POWERS VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE SUPPA VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY THOMPSON VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA L BRENNAN VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY FARMER VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES H COGGIN III VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACI OGBU VP CLINICAL AFF PO BOX 11889 LYNCHBURG, VA 24506	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: KANEEZ SALBIA  OFFICER  DIRECTOR  
TITLE: VP CLINICAL AFF  
ADDRESS: PO BOX 11889  
CITY/ST/ZIP/CO: LYNCHBURG, VA 24506

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/ ROBERT O BRENNAN</u>	<u>ROBERT O BRENNAN,</u>	<u>12/26/2012</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.