

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215524594

1.) CORPORATION NAME:

PATHOLOGY ASSOCIATES OF HARRISONBURG, P.C.

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIANA PADGETT

SCC ID NO: **02085157**

**PATHOLOGY ASSOCIATES OF HARRISONBURG, PC
2010 HEALTH CAMPUS DRIVE**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

HARRISONBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROCKINGHAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2010 HEALTH CAMPUS DR

CITY/ST/ZIP: HARRISONBURG, VA 22801

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:	MARY T GALGANO MD.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/DIR		
ADDRESS:	2010 HEALTH CAMPUS DR.		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		

NAME:	ALDEN L HOSTETTER MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/D		
ADDRESS:	2010 HEALTH CAMPUS DRIVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		

NAME:	DIANA M PADGETT MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2010 HEALTH CAMPUS DRIVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		

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/ DIANA M PADGETT MD	DIANA M PADGETT MD,	6/29/2015
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.