

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213518821

1.) CORPORATION NAME:

H&H Medical Corporation

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT H. HARDER
LOT 9, ROUTE 715
P.O. BOX 189**

SCC ID NO: **02305944**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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BENA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GLOUCESTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4173 G W MEMORIAL HIGHWAY

CITY/ST/ZIP: ORDINARY, VA 23131

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: | PAUL XAVIER HARDER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 3956 ST. ERICS TURN | | |
| CITY/ST/ZIP/CO: | WILLIAMSBURG, VA 23185 | | |

| | | | |
|-----------------|---------------------|---|--|
| NAME: | ROBERT HARRY HARDER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | P O BOX 189 | | |
| CITY/ST/ZIP/CO: | BENA, VA 23018 | | |

| | | | |
|-----------------|--------------------|----------------------------------|--|
| NAME: | ROBERT H B HARDER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2904 FINCH DRIVE | | |
| CITY/ST/ZIP/CO: | DANVILLE, VA 24540 | | |

| | | | |
|-----------------|--------------------|----------------------------------|--|
| NAME: | ERIC J HARDER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6012 INWOOD ST. | | |
| CITY/ST/ZIP/CO: | CHEVERLY, MD 20785 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | Brooke Spotswood | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 6517 MAIN STREET | | |
| CITY/ST/ZIP/CO: | Gloucester, VA 23061 | | |

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/ PAUL XAVIER HARDER
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PAUL XAVIER HARDER,
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

4/22/2013
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.