

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215511535				
1.) CORPORATION NAME: <b>OLD BRIDGE VETERINARY HOSPITAL, INC.</b>		DUE DATE: <b>1/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>THOMAS A KAWASAKI 3604 OLD BRIDGE ROAD WOODBIDGE, VA</b>		SCC ID NO: <b>02380350</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 3604 OLD BRIDGE RD						
CITY/ST/ZIP: WOODBRIDGE, VA 22192						
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: THOMAS ALAN KAWASAKI TITLE: P/T/VP/S ADDRESS: 11522 HILL MEADE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192		<input checked="" 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/ THOMAS ALAN KAWASAKI	THOMAS ALAN KAWASAKI,	3/26/2015				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.						