

1.) CORPORATION NAME:

**FHC Health Systems, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REBECCA H WHITE  
240 CORPORATE BLVD  
NORFOLK, VA**

SCC ID NO: **02402444**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 240 CORPORATE BLVD SUITE 400

CITY/ST/ZIP: NORFOLK, VA 23502

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:	RONALD I DOZORETZ MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/DIRECT		
ADDRESS:	240 CORPORATE BLVD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

NAME:	HEYWARD R DONIGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	240 CORPORATE BLVD.		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

NAME:	DANIEL M RISKU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	240 CORPORATE BLVD.		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

NAME:	DOUGLAS F THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	240 Corporate Blvd.		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

NAME:	DOUGLAS F THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	240 CORPORATE BLVD.		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

NAME:	DANIEL M RISKU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	240 CORPORATE BLVD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

NAME: HEYWARD R DONIGAN TITLE: PRESIDENT ADDRESS: 240 CORPORATE BLVD. CITY/ST/ZIP/CO: NORFOLK, VA 23502	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: REBECCA H WHITE TITLE: ASST SECRETARY ADDRESS: 240 CORPORATE BLVD CITY/ST/ZIP/CO: NORFOLK, VA 23502	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ DANIEL MRISKU	DANIEL MRISKU,	3/20/2014
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.