

1.) CORPORATION NAME: <b>KEMPSVILLE FAMILY HEALTH CARE CENTER, LTD.</b>	DUE DATE: <b>6/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KAUFMAN &amp; CANOLES PC 501 INDEPENDENCE PKWY., STE 100 CHESAPEAKE, VA</b>	SCC ID NO: <b>02427011</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESAPEAKE CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: *c/o* CHESAPEAKE GENERAL HOSPITAL - CFO OFFICE  
736 BATTLEFIELD BLVD N

CITY/ST/ZIP: CHESAPEAKE, VA 23320

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: DONNA M DEMMERLE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 736 BATTLEFIELD BLVD N				
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320				

NAME: ANGELA MCPIKE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 736 BATTLEFIELD BLVD N				
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320				

NAME: ROBERT G CULPEPPER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE CHAIRMAN				
ADDRESS: 736 BATTLEFIELD BLVD N				
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320				

NAME: ROBERT M OMAN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CHAIRMAN				
ADDRESS: 736 BATTLEFIELD BLVD N				
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320				

NAME: PETER BASTONE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 736 BATTLEFIELD BLVD N				
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320				

NAME: ROBERT F GUANCI	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 736 BATTLEFIELD BLVD N				
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320				

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/ DONNA M DEMMERLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONNA M DEMMERLE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2013 DATE
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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.