

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215519523

1.) CORPORATION NAME:

PIEDMONT OPHTHALMOLOGY CLINIC, INC.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ORLANDO M ALVAREZ
PIEDMONT OPHTHALMOLOGY CLINIC INC/DOMINION EYE
800 MEMORIAL DR STE A**

SCC ID NO: **02583177**

DANVILLE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

DANVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 MEMORIAL DR

CITY/ST/ZIP: DANVILLE, VA 24541

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:	TERRY D ODOM MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4007 HAZEL LN		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27408		

NAME:	ORLANDO M ALVAREZ MD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	160 STRATFORD PLACE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		

NAME:	JOHN E CREWS OD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	142 COLLEGE AVENUE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		

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/ TERRY D ODOM MD	TERRY D ODOM MD, PRESIDENT	5/19/2015
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.