

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214551946

1.) CORPORATION NAME:

Anderson Orthodontics, Ltd.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALPH H.B. ANDERSON
5500 MONUMENT AVENUE
SUITE K**

SCC ID NO: **02775674**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5500 MONUMENT AVE, STE K

CITY/ST/ZIP: RICHMOND, VA 23226

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: RALPH H B ANDERSON DDS MS OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 5500 MONUMENT AVE, STE K
 CITY/ST/ZIP/CO: RICHMOND, VA 23226

NAME: RALPH H B ANDERSON OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 5500 MONUMENT AVE STE K
 CITY/ST/ZIP/CO: RICHMOND, VA 23226

NAME: MARGAUX ANDERSON OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 5500 MONUMENT AVE, STE K
 CITY/ST/ZIP/CO: RICHMOND, VA 23226

NAME: RALPH HB ANDERSON OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 5500 MONUMENT AVE STE K
 CITY/ST/ZIP/CO: RICHMOND, VA 23236

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/ RALPH H B ANDERSON DDS
MS

RALPH H B ANDERSON DDS MS,
PRESIDENT

12/1/2014

DATE

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

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.