

<p>1.) CORPORATION NAME: <b>OBSTETRICS AND GYNECOLOGY ASSOCIATES OF THEEASTERN SHORE, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DAVID R. SCOTT, M.D. P.O. BOX 836 NASSAWADOX, VA 23413</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NORTHAMPTON COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p>	<p>DUE DATE: <b>9/30/2012</b></p> <p>SCC ID NO: <b>03269354</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </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: BOX 836

CITY/ST/ZIP: NASSAWADOX, VA 23413

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.

<p>NAME: DAVID R SCOTT MD</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: BOX 836</p> <p>CITY/ST/ZIP/CO: NASSAWADOX, VA 23413</p>	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<p>NAME: ANDREA D. SCOTT</p> <p>TITLE: SECRETARY</p> <p>ADDRESS: BOX 836</p> <p>CITY/ST/ZIP/CO: NASSAWADOX, VA 23413</p>	<input checked="" type="checkbox"/>	OFFICER	<input checked="" 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/ DAVID R SCOTT MD	DAVID R SCOTT MD, PRESIDENT	10/4/2012
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.