

1.) CORPORATION NAME: **IVNA HEALTH SERVICES** DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **JAMES G BECKNER** SCC ID NO: **03302890**

**5008 MONUMENT AVE  
RICHMOND, VA**

5.) STOCK INFORMATION  

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: THE CORPORATE CENTRE  
5008 MONUMENT AVE

CITY/ST/ZIP: RICHMOND, VA 23230

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LYNN IVEY	
TITLE:	TREASURER	
ADDRESS:	729 S PINE STREET	
CITY/ST/ZIP/CO:	RICHMOND, VA 23220	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RODNEY ADAMS	
TITLE:	CHAIRMAN	
ADDRESS:	951 E BYRD STREET 8TH FLOOR	
CITY/ST/ZIP/CO:	RICHMOND, VA 23219	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY WILT	
TITLE:	VICE CHAIRMAN	
ADDRESS:	PO BOX 7290	
CITY/ST/ZIP/CO:	RICHMOND, VA 23221	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELSIE L ROSE, CPA	
TITLE:	DIRECTOR	
ADDRESS:	YOUNT, NYDE & BARBOUR	
CITY/ST/ZIP/CO:	4405 COX RD, SUITE 225 GLEN ALLEN, VA 23060	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Rob B. Jones	
TITLE:	SECRETARY	
ADDRESS:	Alliance Group	
CITY/ST/ZIP/CO:	2201 West Main Street Richmond, VA 23220	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Rosann Bocciarelli	
TITLE:	DIRECTOR	
ADDRESS:	204 Cyril Lane	
CITY/ST/ZIP/CO:	Richmond, VA 23239	

NAME: William Sparrow TITLE: DIRECTOR ADDRESS: 11831 Aberdeen Landing Lane CITY/ST/ZIP/CO: Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: James G. Beckner TITLE: PRESIDENT ADDRESS: 5008 Monument Avenue CITY/ST/ZIP/CO: Richmond, VA 23230	<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/ James G.Beckner	James G.Beckner,	9/17/2013
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.