

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213529107
1.) CORPORATION NAME: Neural Pain Assessment, PC		DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID M GLICK 7329 BOULDERS VIEW LN RICHMOND, VA		SCC ID NO: 03609732
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 14404 Sommerville Ct CITY/ST/ZIP: Midlothian , VA 23113		
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: DAVID M GLICK		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
TITLE: PRES/SEC		
ADDRESS: PO BOX 2597		
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832		
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 M GLICK	DAVID M GLICK, PRES/SEC	6/21/2013
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.		