

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214537955				
1.) CORPORATION NAME: LIGHT MEDICAL, INC.		DUE DATE: 7/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VONDA H PARKS 2811 LINKHORNE DR LYNCHBURG, VA		SCC ID NO: 03621760				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LYNCHBURG CITY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 2811 LINKHORNE DRIVE CITY/ST/ZIP: LYNCHBURG, VA 24503						
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: GREGG R ALBERS MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: PRESIDENT						
ADDRESS: 2811 LINKHORNE DRIVE						
CITY/ST/ZIP/CO: LYNCHBURG, VA 24503						
NAME: VONDA H PARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: SECRETARY						
ADDRESS: 1394 GREENHOUSE RD						
CITY/ST/ZIP/CO: RUSTBURG, VA 24588						
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/ VONDA H PARKS	VONDA H PARKS, SECRETARY	7/31/2014				
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.						