

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215538067

1.) CORPORATION NAME:

**BRISTOL HOME HEALTH SERVICES, INC.**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM E BRADSHAW  
302 SHAWNEE AVE E  
PO BOX 267**

SCC ID NO: **03641263**

**BIG STONE GAP, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WISE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 624 Sleepy Hollow Lane

CITY/ST/ZIP: Gate City, VA 24251

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 type="checkbox"/> DIRECTOR
NAME:	ANGIE CALHOUN		
TITLE:	ASST. SECRETARY		
ADDRESS:	29 LANCASTER ST		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAMELA FANSLER		
TITLE:	OFFICER		
ADDRESS:	29 LANCASTER ST		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WANDA KERN		
TITLE:	DIRECTOR		
ADDRESS:	29 LANCASTER ST		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201		

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.

<u>/s/ ANGIE CALHOUN</u>	<u>ANGIE CALHOUN, ASST.</u>	<u>10/19/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.