

1.) CORPORATION NAME:

**FREDERICKSBURG AREA REGIONAL HEALTH COUNCIL,
INC.**

DUE DATE: **3/31/2011**

SCC ID NO: **04069282**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
WILLIAM H. HARRIS
1619 Jefferson Davis Hgwy
Fredericksburg, VA 22401**

5.) STOCK INFORMATION

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

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1301 SAM PERRY BLVD STE 100

CITY/ST/ZIP: FREDERICKSBURG, VA 22401-

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: BARBARA KANE
TITLE: SECRETARY
ADDRESS: 1001 SAM PERRY BLVD
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER DIRECTOR

NAME: GERALD GOODMAN
TITLE: TREASURER
ADDRESS: 725 JACKSON STREET
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER DIRECTOR

NAME: RONALD BRANSCOME
TITLE: PRESIDENT
ADDRESS: 600 JACKSON ST
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER DIRECTOR

NAME: WILLIAM TIGNOR
TITLE: DIRECTOR
ADDRESS: 259 BROOKE RD
CITY/ST/ZIP/CO: FALMOUTH, VA 22405-

OFFICER DIRECTOR

NAME: THOMAS FISH
TITLE: VICE PRESIDENT
ADDRESS: 2162 SEBASTIAN RD
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARVEY ALLEN DIRECTOR 1701 FALL HILL AVE SUITE 100 FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE ARMSTRONG DIRECTOR 1200 SAM PERRY BLVD FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT DEADERICK DIRECTOR 910 PRINCESS ANNE ST FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED DONAHOE DIRECTOR 75 MOURNING DOVE DR STAFFORD, VA 22554-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN FICK DIRECTOR PO BOX 7567 FREDERICKSBURG, VA 22404-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC FLETCHER DIRECTOR 2300 FALL HILL AVE SUITE 210 FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY LITTLEFIELD DIRECTOR 13520 PLEASANT COLONY DR MANASSAS, VA 20112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE LOVELLO DIRECTOR 7307 BLOOMSBURY LANE FREDERICKSBURG, VA 22553-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN MCLAUGHLIN DIRECTOR 210 CAROLINE ST FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK NEUSTATTER DIRECTOR 15713 PEPMIER HILL RD WOODFORD, VA 22580-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROBERT ORROCK TITLE: DIRECTOR ADDRESS: PO BOX 458 CITY/ST/ZIP/CO: THORNBURG, VA 22565-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY K OVERTON TITLE: DIRECTOR ADDRESS: PO BOX 335 CITY/ST/ZIP/CO: KING GEORGE, VA 22485-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID PIERCE TITLE: DIRECTOR ADDRESS: PO BOX 903 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: XAVIER RICHARDSON TITLE: DIRECTOR ADDRESS: 2600 MARY WASHINGTON BLVD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TAURUS TATEM TITLE: DIRECTOR ADDRESS: 10705 SPOTSYLVANIA AVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW WITHERS TITLE: DIRECTOR ADDRESS: 1003 ALBERT RENNOLDS DR CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA WRIGHT TITLE: DIRECTOR ADDRESS: PO BOX 434 CITY/ST/ZIP/CO: BOWLING GREEN, VA 22427-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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/ RONALD BRANSCOME SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD BRANSCOME, PRESIDENT PRINTED NAME AND CORPORATE TITLE
2/8/2011 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.	