

SCC eFile  
(6/10)

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212504503

1.) CORPORATION NAME:

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

DUE DATE: **3/31/2012**

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

OFFICER

DIRECTOR

NAME: HARVEY ALLEN  
TITLE: DIRECTOR  
ADDRESS: 1701 FALL HILL AVE  
SUITE 100  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER

DIRECTOR

NAME: ROBERT DEADERICK  
TITLE: DIRECTOR  
ADDRESS: 910 PRINCESS ANNE ST  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER

DIRECTOR

NAME: FRED DONAHOE  
TITLE: DIRECTOR  
ADDRESS: 75 MOURNING DOVE DR  
CITY/ST/ZIP/CO: STAFFORD, VA 22554-

OFFICER

DIRECTOR

NAME: JOHN FICK  
TITLE: DIRECTOR  
ADDRESS: PO BOX 7567  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404-

OFFICER

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ORROCK DIRECTOR PO BOX 458 THORNBURG, VA 22565-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY K OVERTON DIRECTOR PO BOX 335 KING GEORGE, VA 22485-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID PIERCE DIRECTOR PO BOX 903 FREDERICKSBURG, VA 22404-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	XAVIER RICHARDSON DIRECTOR 2600 MARY WASHINGTON BLVD FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAURUS TATEM DIRECTOR 10705 SPOTSYLVANIA AVE FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM TIGNOR DIRECTOR 259 BROOKE RD FALMOUTH, VA 22405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA WRIGHT DIRECTOR PO BOX 434 BOWLING GREEN, VA 22427-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD BRANSCOME DIRECTOR 600 JACKSON ST FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS FISH PRESIDENT 2162 SEBASTIAN RD FREDERICKSBURG, VA 22405-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA KANE VICE PRESIDENT 1001 SAM PERRY BLVD FREDERICKSBURG, VA 22401-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE ARMSTRONG SECRETARY 1200 SAM PERRY BLVD FREDERICKSBURG, VA 22401-	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ THOMAS FISH	THOMAS FISH, PRESIDENT	2/3/2012
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.