

1.) CORPORATION NAME:

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

DUE DATE: **3/31/2013**

SCC ID NO: **04069282**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM H. HARRIS
HARRIS & HARRIS, P.C.
1619 Jefferson Davis Hgwy**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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Fredericksburg, VA 22401

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:	THOMAS FISH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2162 SEBASTIAN RD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		

NAME:	BARBARA KANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1001 SAM PERRY BLVD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	DIANE ARMSTRONG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1200 SAM PERRY BLVD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	GERALD GOODMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	725 JACKSON STREET		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	HARVEY ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 FALL HILL AVE SUITE 100		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	RONALD BRANSCOME	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 JACKSON ST		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

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: 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: 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: WILLIAM TIGNOR TITLE: DIRECTOR ADDRESS: 259 BROOKE RD CITY/ST/ZIP/CO: FALMOUTH, VA 22405	<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/ THOMAS FISH	THOMAS FISH, PRESIDENT	2/12/2013
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.		