

1.) CORPORATION NAME: Delta Oncology Associates, P.C. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICK C DEVINE JR WILLIAMS MULLEN 999 WATERSIDE DR STE 1700 NORFOLK, VA	DUE DATE: 6/30/2013 SCC ID NO: 04105045 5.) STOCK INFORMATION <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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 355 CRAWFORD STREET SUITE 300 CITY/ST/ZIP: PORTSMOUTH, VA 23704
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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.
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NAME: LLOYD A SHABAZZ MD TITLE: PRESIDENT ADDRESS: 355 CRAWFORD STREET SUITE 300 CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JACK K WELSBY TITLE: T/AS/CFO/VP ADDRESS: 355 CRAWFORD STREET SUITE 300 CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704	<input checked="" type="checkbox"/> OFFICER	<input 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/ JACK K WELSBY	JACK K WELSBY, T/AS/CFO/VP	10/17/2013
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.