

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214557795				
1.) CORPORATION NAME: MARION ANESTHESIA, P.C.		DUE DATE: 11/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANN MARIE HARMAN 6719 MALLARD LAKE DR ROANOKE, VA		SCC ID NO: 04184883				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE COUNTY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA		<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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
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6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 6719 MALLARD LAKE DRIVE						
CITY/ST/ZIP: ROANOKE, VA 24018						
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: ANN MARIE HARMAN TITLE: P/S/T ADDRESS: 862 KELLER LANE CITY/ST/ZIP/CO: MARION, VA 24354		<input checked="" 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/ ANN MARIE HARMAN	ANN MARIE HARMAN, P/S/T	3/31/2015				
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.						