

1.) CORPORATION NAME: COMMUNITY RADIOLOGY OF VIRGINIA INC.	DUE DATE: 1/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: 04400917				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS		AUTHORIZED			
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 LEATHER WOOD LANE

CITY/ST/ZIP: BLUEFIELD, VA 24605

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: GARY W WRIGHT TITLE: P/DIR ADDRESS: 16105 N. FLORIDA AVE. STE A CITY/ST/ZIP/CO: LUTZ, FL 33549	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: SUSAN WRIGHT TITLE: TREASURER ADDRESS: 16105 N. FLORIDA AVE. STE A CITY/ST/ZIP/CO: LUTZ, FL 33549	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: ROBBIE ROBERTSON TITLE: SECRETARY ADDRESS: 16105 N. FLORIDA AVE. CITY/ST/ZIP/CO: STE A LUTZ,, FL 33549	<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/ GARY W WRIGHT	GARY W WRIGHT, P/DIR	3/17/2014
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.