

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214504058

1.) CORPORATION NAME:

FIRST CHOICE HOME HEALTH CARE, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SHERRY D GILES

**46-7TH ST
PO BOX 589**

SCC ID NO: **04439394**

NORTON, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORTON CITY (FILED IN WISE COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 46-7TH STREET PO BOX 589

CITY/ST/ZIP: NORTON, VA 24273

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:	SHERRY D GILES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	114 E 25TH STREET S		
CITY/ST/ZIP/CO:	BIG STONE GAP, VA 24219		

NAME:	WILLIAM J STURGILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	440 PARK AVENUE		
CITY/ST/ZIP/CO:	PO BOX 770 NORTON, VA 24273		

NAME:	GAYE STURGILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	440 PARK AVENUE		
CITY/ST/ZIP/CO:	PO BOX 770 NORTON, VA 24273		

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/ SHERRY D GILES	SHERRY D GILES, PRESIDENT	1/16/2014
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.