

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216504759				
1.) CORPORATION NAME: VIRGINIA MEDICAL REPAIR, INC.		DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: W. RICHARD HAIRFIELD 2800 BUFORD ROAD, SUITE 201 RICHMOND, VA		SCC ID NO: 04601753				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY		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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7527 WHITEPINE ROAD CITY/ST/ZIP: RICHMOND, VA 23237						
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: DEAN E WILLIAMS TITLE: PRESIDENT ADDRESS: 14218 POST MILL DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: MICHAEL K MORRISON TITLE: SECRETARY/TREAS ADDRESS: 2921 DRAKEWOOD TERRACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<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/ DEAN E WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEAN E WILLIAMS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/4/2016 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.						