

1.) CORPORATION NAME:

WVVA Health Care Alliance, P.C.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HEMAN A MARSHALL III
WOODS ROGERS WACHOVIA TWR STE 1400
10 S JEFFERSON ST**

SCC ID NO: **04769006**

ROANOKE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	2,500
COMB	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 ARH LANE, SUITE 300

CITY/ST/ZIP: LOW MOOR, VA 24457

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:	DR DAVID P ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1102 MAIN STREET		
CITY/ST/ZIP/CO:	RAINELLE, WV 25962		

NAME:	DR JAMES WALKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2419 VALLEY RIDGE ROAD		
CITY/ST/ZIP/CO:	COVINGTON, VA 24426		

NAME:	DR WILLIAM E BOYD JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	425 COMMERCIAL AVENUE		
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422		

NAME:	DR JOE PACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO DRAWER 194		
CITY/ST/ZIP/CO:	LOW MOOR, VA 24457		

NAME:	DR LYNN SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3738 DAVIS STUART ROAD		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		

NAME:	Richard Shorter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	756 Athens Road		
CITY/ST/ZIP/CO:	Princeton, WV 24740		

NAME:	Barry Scott Brown	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 ARH Lane - Emmett Clinic		
CITY/ST/ZIP/CO:	Suite 300 Low Moor, VA 24457		

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/ DR DAVID P ALLEN	DR DAVID P ALLEN, PRESIDENT	2/3/2014
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.