

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216514836
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1.) CORPORATION NAME: <b>BERMAN FAMILY CHIROPRACTIC, INC.</b>	DUE DATE: <b>5/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SCOTT J BERMAN DC 869 JOHN MASHALL HWY STE B FRONT ROYAL, VA</b>	SCC ID NO: <b>04847992</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>WARREN COUNTY</b>	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>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 869 JOHN MARSHAL HWY STE B  CITY/ST/ZIP: FRONT ROYAL, VA 22630	
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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: SCOTT J BERMAN D C TITLE: PRESIDENT ADDRESS: 247 LAUREL GROVE RD CITY/ST/ZIP/CO: WINCHESTER, VA 22602	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ SCOTT J BERMAN D C</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SCOTT J BERMAN D C, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>4/21/2016</u> DATE
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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.