

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213550075
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1.) CORPORATION NAME: INTEGRATIVE COMMUNICATION HEALTH SERVICES, INC.	DUE DATE: 10/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MALCOLM G CRAWFORD 15 S JEFFERSON ST LEXINGTON, VA	SCC ID NO: 04926846				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LEXINGTON CITY (FILED IN ROCKBRIDGE 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>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1105 GREENVILLE AVE

CITY/ST/ZIP: STAUNTON, VA 24401

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: DAVID S WOLFE TITLE: PRESIDENT ADDRESS: 374 SWOPE LANE CITY/ST/ZIP/CO: FAIRFIELD, VA 24435	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: SUZETTE D WOLFE TITLE: T/S ADDRESS: 374 SWOPE LANE CITY/ST/ZIP/CO: FAIRFIELD, VA 24435	<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.

/s/ SUZETTE D WOLFE	SUZETTE D WOLFE, T/S	10/28/2013
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.