

1.) CORPORATION NAME:

VIRGINIA HEALTH AGENCIES, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK E SLAUGHTER
222 CENTRAL PARK AVENUE, SUITE 1500
VIRGINIA BEACH, VA**

SCC ID NO: **04936241**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 813 DILIGENCE DRIVE #121A

CITY/ST/ZIP: NEWPORT NEWS, VA 23606

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: Harold Samorian TITLE: PRESIDENT ADDRESS: 813 Diligence Dr., Suite 121A CITY/ST/ZIP/CO: Newport News, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deannie Eldridge TITLE: CHAIRMAN ADDRESS: 870 Greenbriar Circle #104 CITY/ST/ZIP/CO: Chesapeake, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Vines TITLE: SECRETARY ADDRESS: 4191 Innslake Dr., Suite 201 CITY/ST/ZIP/CO: Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Gino Colombara TITLE: TREASURER ADDRESS: 6350 Center Ave., Suite 102 CITY/ST/ZIP/CO: Norfolk, VA 23502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jeremy Beauchamp TITLE: DIRECTOR ADDRESS: 4217 Park Place Count CITY/ST/ZIP/CO: Glen Allen, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Melina Davis-Martin TITLE: DIRECTOR ADDRESS: 9239 Stephens Manor Dr. CITY/ST/ZIP/CO: Mechanicsville, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Sheri Lambert TITLE: DIRECTOR ADDRESS: 2810 N. Parham Rd. CITY/ST/ZIP/CO: Richmond, VA 23294	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Tim Gresham TITLE: DIRECTOR ADDRESS: 11618 Busy St. CITY/ST/ZIP/CO: Richmond, VA 23236	<input 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/ Harold Samorian	Harold Samorian, PRESIDENT	10/21/2013
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.