

1.) CORPORATION NAME: **VIRGINIA HEALTH AGENCIES, INC.** DUE DATE: **11/30/2014**

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
-------	------------

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	813 DILIGENCE DR., SUITE 121A		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	GINO COLOMBARA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6350 CENTER AVE., SUITE 102		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		
NAME:	DEANNIE ELDRIDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	870 GREENBRIAR CIRCLE #104		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	LINDA VINES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4191 INNSLAKE DR., SUITE 201		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	JEREMY BEAUCHAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4217 PARK PLACE COUNT		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	MELINA DAVIS-MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9239 STEPHENS MANOR DR.		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

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
---	----------------------------------	--

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
---	----------------------------------	--

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	10/23/2014
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.