

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216516152
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1.) CORPORATION NAME: VIRGINIA REHAB CENTERS INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: S MICHELE DEVINE 16618 K MOUNTAIN RD MONTPELIER, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 4/30/2016 SCC ID NO: 05009881 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				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1292 Borden Road

CITY/ST/ZIP: Bumpass, VA 23024

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALFRED L DEVINE TITLE: PRESIDENT ADDRESS: 1292 BORDEN ROAD CITY/ST/ZIP/CO: BUMPASS, VA 23024		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN MICHELE DEVINE TITLE: VICE PRESIDENT ADDRESS: 1292 BORDEN ROAD CITY/ST/ZIP/CO: BUMPASS, VA 23024		

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/	4/28/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DATE
PRINTED NAME AND CORPORATE TITLE	

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.