

1.) CORPORATION NAME:

**PATIENT FIRST MARYLAND DEVELOPMENT  
CORPORATION**

DUE DATE: **4/30/2014**

SCC ID NO: **05015771**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DALE E AUSTIN  
5000 COX RD STE 100  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 5,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5000 COX ROAD SUITE 100

CITY/ST/ZIP: GLEN ALLEN, VA 23060

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:           | GEORGE H MORISON        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT               |   |  |
| ADDRESS:        | 5000 COX ROAD SUITE 100 |   |  |
| CITY/ST/ZIP/CO: | GLEN ALLEN, VA 23060    |   |  |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
| NAME:           | DALE E AUSTIN         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/S/T                |   |                                   |
| ADDRESS:        | 5000 COX ROAD STE 100 |   |                                   |
| CITY/ST/ZIP/CO: | GLEN ALLEN, VA 23060  |   |                                   |

|                 |                         |   |  |
|-----------------|-------------------------|---|--|
| NAME:           | R P SOWERS, III         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CEO                     |   |  |
| ADDRESS:        | 5000 COX ROAD SUITE 100 |   |  |
| CITY/ST/ZIP/CO: | GLEN ALLEN, VA 23060    |   |  |

|                 |                          |                                  |  |
|-----------------|--------------------------|----------------------------------|--|
| NAME:           | M FRANK GORSE JR         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |                                  |  |
| ADDRESS:        | 5000 COX ROAD<br>STE 100 |                                  |  |
| CITY/ST/ZIP/CO: | GLEN ALLEN, VA 23060     |                                  |  |

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/ GEORGE H MORISON                                | GEORGE H MORISON,                             | 6/9/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.