

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213521823
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1.) CORPORATION NAME: <b>Albert T Sasala Family Dentistry D.D.S., P.C.</b>	DUE DATE: <b>5/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ALBERT T SASALA 9856 LORI RD SUITE 100 CHESTERFIELD, VA</b>	SCC ID NO: <b>05216783</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9856 LORI RD STE 100

CITY/ST/ZIP: CHESTERFIELD, VA 23832

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: CYNTHIA M SASALA TITLE: VICE PRESIDENT ADDRESS: 9856 LORI RD STE 100 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: ALBERT T SASALA TITLE: DIRECTOR ADDRESS: 9856 LORI RD STE 100 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<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/ ALBERT T SASALA	ALBERT T SASALA, DIRECTOR	5/7/2013
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.