

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215501993						
<p>1.) CORPORATION NAME: Generations Family Medicine, P.C. DUE DATE: 1/31/2015</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHARLIE C H LEE SCC ID NO: 05526090 1751 PINNACLE DRIVE SUITE 1100</p> <p>MCLEAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>								
<p>5.) STOCK INFORMATION</p> <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>100</td> </tr> </table>			CLASS	AUTHORIZED	COMMON	100		
CLASS	AUTHORIZED							
COMMON	100							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="padding-left: 40px;">ADDRESS: 12040 SOUTH LAKES DRIVE #207 Suite 204</p> <p style="padding-left: 40px;">CITY/ST/ZIP: RESTON, VA 20191</p>								
<p>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.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEVIN KELLEHER TITLE: PRESIDENT ADDRESS: 12040 S LAKES DRIVE #207 CITY/ST/ZIP/CO: RESTON, VA 20191 </td> <td style="width: 20%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 30%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK VASILIADIS TITLE: SECRETARY ADDRESS: 12040 S LAKES DRIVE #207 CITY/ST/ZIP/CO: RESTON, VA 20191 </td> <td style="width: 20%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 30%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEVIN KELLEHER TITLE: PRESIDENT ADDRESS: 12040 S LAKES DRIVE #207 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	NAME: MARK VASILIADIS TITLE: SECRETARY ADDRESS: 12040 S LAKES DRIVE #207 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<p>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.</p>								
/s/ KEVIN KELLEHER	KEVIN KELLEHER, PRESIDENT	1/8/2015						
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE						
<p style="font-size: x-small;">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.</p>								