

1.) CORPORATION NAME:

**Primary Care Associates, P.C.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN W PRIDDY  
5576 WESTBRIAR COURT  
ROANOKE, VA**

SCC ID NO: **05534656**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1955 WEST MAIN ST

CITY/ST/ZIP: SALEM, VA 24153

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>NAME: EDWIN J POLVERINO DO TITLE: PRESIDENT ADDRESS: 1955 WEST MAIN ST CITY/ST/ZIP/CO: SALEM, VA 24153</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CLEMENT B BINNINGS JR MD TITLE: VICE PRESIDENT ADDRESS: 1955 WEST MAIN ST CITY/ST/ZIP/CO: SALEM, VA 24153</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CLARKE B ANDREWS MD TITLE: DIRECTOR ADDRESS: 1955 WEST MAIN ST CITY/ST/ZIP/CO: SALEM, VA 24153</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN W PRIDDY, MD TITLE: TREASURER ADDRESS: 1955 WEST MAIN ST CITY/ST/ZIP/CO: SALEM, VA 24153</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: APOLLO Y LEONG MD TITLE: DIRECTOR ADDRESS: 1955 WEST MAIN STREET CITY/ST/ZIP/CO: Salem, VA 24153</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY G O'HAGAN, MD TITLE: DIRECTOR ADDRESS: 1955 WEST MAIN STREET CITY/ST/ZIP/CO: SALEM, VA 24153</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	GARRY H KUIKEN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1955 WEST MAIN STREET		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	ADRIENNE M KINSEY, DO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1955 WEST MAIN STREET		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

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.

<u>/s/ EDWIN J POLVERINO DO</u>	<u>EDWIN J POLVERINO DO,</u>	<u>2/20/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.