

1.) CORPORATION NAME:

Primary Care Associates, P.C.

DUE DATE: **2/28/2015**

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: 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: ADRIENNE M KINSEY, DO TITLE: SECRETARY ADDRESS: 1955 WEST MAIN STREET 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: GARRY H KUIKEN, 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	APOLLO Y LEONG MD DIRECTOR 1955 WEST MAIN STREET SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY G O'HAGAN, MD DIRECTOR 1955 WEST MAIN STREET SALEM, VA 24153	<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/ EDWIN J POLVERINO DO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EDWIN J POLVERINO DO, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/10/2015 DATE
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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.