

1.) CORPORATION NAME:

Healthy Families Rappahannock Area

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY M NUCKOLS
725 JACKSON ST STE 200
FREDERICKSBURG, VA 22401**

SCC ID NO: **05559729**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 JACKSON STREET

CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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:	ROSALIA SNYDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11814 WOODLAND VIEW DRIVE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407		
NAME:	CHARITA MARINER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4518 VICKY LANE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		
NAME:	SHARON KILLIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11715 FAWN LAKE PARKWAY		
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22551		
NAME:	LINDA WOLLESEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16 OLDE PLANTATION DRIVE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407		
NAME:	VANESSA AKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	33 KENNESAW DRIVE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	MEREDITH SCACCIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9221 MICHAEL DRIVE		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485		

NAME:	BILLY MALONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14 JESSICA RAE LANE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		

NAME:	DEBBIE LEE-RIZZI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11705 GROVE COURT		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

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/ SHARON KILLIAN	SHARON KILLIAN, SECRETARY	3/5/2013
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.