

1.) CORPORATION NAME: Piedmont Access to Health Services, Inc.	DUE DATE: 4/30/2016
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT T VAUGHAN JR 772 MAIN ST DANVILLE, VA	SCC ID NO: 05576475
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: DANVILLE CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 705 MAIN ST

CITY/ST/ZIP: DANVILLE, VA 24541

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: JEFFREY BUCHANAN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 152 TALBOTT DRIVE				
CITY/ST/ZIP/CO: DANVILLE, VA 24541				

NAME: JIM DANIEL	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: CHAIRMAN				
ADDRESS: 110 N UNION ST				
CITY/ST/ZIP/CO: DANVILLE, VA 24541				

NAME: DR.CLARENCE KIRBY	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE CHAIRMAN				
ADDRESS: 221 FOREST ROAD DRIVE				
CITY/ST/ZIP/CO: DANVILLE, VA 20510				

NAME: KAY CRANE	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 705 MAIN ST				
CITY/ST/ZIP/CO: DANVILLE, VA 24541				

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/ KAY CRANE	KAY CRANE, DIRECTOR	4/19/2016
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.