

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214508043
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1.) CORPORATION NAME: Bluefield Mental Health Center, P.C.	DUE DATE: 2/28/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RIAZ UDDIN RIAZ 623 ROBIN STREET BLUEFIELD, VA	SCC ID NO: 05718705				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: TAZEWELL COUNTY	5.) STOCK INFORMATION <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				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1088

CITY/ST/ZIP: BLUEFIELD, VA 24605

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RIAZ UDDIN RIAZ TITLE: PRESIDENT ADDRESS: 623 ROBIN STREET CITY/ST/ZIP/CO: BLUEFIELD, VA 24605		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PARVEEN RIAZ TITLE: SEC/TREAS ADDRESS: 623 ROBIN STREET CITY/ST/ZIP/CO: BLUEFIELD, VA 24605		

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/ PARVEEN RIAZ	PARVEEN RIAZ, SEC/TREAS	2/11/2014
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.