

SCC eFile

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211533442

1.) CORPORATION NAME:

**Fairfax Healthcare Services, Inc.**

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **05836424**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8505 ARLINGTON BLVD  
STE 110

CITY/ST/ZIP: FAIRFAX, VA 22031

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:	DONALD HOWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C E O		
ADDRESS:	6923 LEE VISTA BLVD		
	STE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32822		

NAME:	JEFFREY FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C O O		
ADDRESS:	6923 LEE VISTA BLVD		
	STE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32822		

NAME:	STEPHEN JENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C F O		
ADDRESS:	6923 LEE VISTA BLVD		
	STE 300		
CITY/ST/ZIP/CO:	ORLANDO, FL 32822		

NAME:	MATTHEW ANGELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6610 W SAM HOUSTON PKWY N		
	STE 330		
CITY/ST/ZIP/CO:	HOUSTON, TX 77041		

NAME:	KENTON ROSENBERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 LEXINGTON AVENUE		
	55TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK , NY 10022		

NAME: CHRISTOPHER GARCIA TITLE: DIRECTOR ADDRESS: 601 LEXINGTON AVENUE 55TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMARTH CHANDRA TITLE: DIRECTOR ADDRESS: 601 LEXINGTON AVENUE 55TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL FISHER TITLE: DIRECTOR ADDRESS: 601 LEXINGTON AVENUE 55TH FLOOR CITY/ST/ZIP/CO: NEW YORK , NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ DONALD HOWARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD HOWARD, C E O PRINTED NAME AND CORPORATE TITLE	6/25/2012 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.		