

1.) CORPORATION NAME:

Fairfax Healthcare Services, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05836424**

GLEN ALLEN, VA

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: 7700 FORSYTH BLVD

CITY/ST/ZIP: ST. LOUIS, MO 63105

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:	DONALD HOWARD	
TITLE:	PRESIDENT	
ADDRESS:	7700 FORSYTH BLVD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN JENSEN	
TITLE:	TREASURER	
ADDRESS:	7700 FORSYTH BLVD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JASON HARROLD	
TITLE:	DIRECTOR	
ADDRESS:	7700 FORSYTH BLVD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY FISHER	
TITLE:	COO	
ADDRESS:	7700 FORSYTH BLVD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER CLAGETT	
TITLE:	PRESIDENT	
ADDRESS:	7700 FORSTYH BLVD	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63105	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM SCHEFFEL	
TITLE:	VICE PRESIDENT	
ADDRESS:	7700 FORSTYH BLVD	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63105	

NAME:	KEITH WILLIAMSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7700 FORSTYH BLVD		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63105		

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/ STEPHEN JENSEN	STEPHEN JENSEN, TREASURER	8/27/2013
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.