

|  |   |  |       |            |        |     |
|--|---|--|-------|------------|--------|-----|
| <b>SCC eFile</b>   | <b>2016 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 216512872  |       |            |        |     |
| 1.) CORPORATION NAME:<br><b>Four Way Family Health Clinic, P.C.</b>  |   | DUE DATE: <b>3/31/2016</b>   |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>DONNA S MURRAY<br/>885 E FINCASTLE TNPK<br/>PO BOX 875<br/><br/>TAZEWELL, VA</b>  |   | SCC ID NO: <b>05929518</b>   |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>TAZEWELL COUNTY</b>  |   | 5.) STOCK INFORMATION<br><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:<br><b>VA</b>  |   |  |       |            |        |     |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: PO BOX 218<br><br>CITY/ST/ZIP: NORTH TAZEWELL, VA 24630  |   |  |       |            |        |     |
| 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: DONNA S MURRAY<br>TITLE: PRESIDENT/DIR.<br>ADDRESS: P.O. BOX 875<br>CITY/ST/ZIP/CO: TAZEWELL, VA 24651   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |     |
| NAME: JACK T MURRAY<br>TITLE: SECRETARY/TREA.<br>ADDRESS: P.O. BOX 875<br>CITY/ST/ZIP/CO: TAZEWELL, VA 24651   | <input checked="" type="checkbox"/> OFFICER   | <input 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/ DONNA S MURRAY<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | DONNA S MURRAY,<br>PRESIDENT/DIR.<br>PRINTED NAME AND CORPORATE TITLE                   | 4/6/2016<br>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. |   |  |       |            |        |     |