

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215520860

1.) CORPORATION NAME:

Ashcake Family Physicians, Inc.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMIE B MARTIN
MCCANDLISH HOLTON, PC
1111 EAST MAIN STREET, SUITE 2100**

SCC ID NO: **05975735**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7493 RIGHT FLANK RD
SUITE 400

CITY/ST/ZIP: MECHANICSVILLE, VA 23116

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:	TIMOTHY WRATCHFORD MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7439 RIGHT FLANK RD		
	STE 400		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	PAMELA WRATCHFORD MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	7493 RIGHT FLANK RD		
	STE 400		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

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/ TIMOTHY WRATCHFORD MD	TIMOTHY WRATCHFORD MD,	5/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.