

1.) CORPORATION NAME:

**HOMBRE**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**STEVE CROSSMAN**

**1200 E BROAD ST 14TH FL ROOM 103**

**PO BOX 980251**

**RICHMOND, VA 23298-251**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **6/30/2011**

SCC ID NO: **05982780**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1200 E BROAD ST 14TH FL, NORTH WING  
WEST HOSPITAL

CITY/ST/ZIP: RICHMOND, VA 23298-0251

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: KATE ZEDLER  
TITLE: SECRETARY  
ADDRESS: 702 N 21ST ST  
CITY/ST/ZIP/CO: RICHMOND, VA 23223-

OFFICER

DIRECTOR

NAME: PATRICK MASON MD, PHD  
TITLE: DIRECTOR  
ADDRESS: 8505 ARLINGTON BLVD STE 100  
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: MICHAEL STEVENS, MD  
TITLE: DIRECTOR  
ADDRESS: 1200 E BROAD ST 14TH FL  
N WING WEST HOSPITAL  
CITY/ST/ZIP/CO: RICHMOND, VA 23298-

OFFICER

DIRECTOR

NAME: BETHANY M HOWLETT  
TITLE: TREASURER  
ADDRESS: 3006 PORTER ST.  
CITY/ST/ZIP/CO: RICHMOND, VA 23225-

OFFICER

DIRECTOR

NAME: KATE DISPASQUALE  
TITLE: DIRECTOR  
ADDRESS: 1200 E. BROAD ST. 14TH FLOOR  
N WING WEST HOSPITAL  
CITY/ST/ZIP/CO: RICHMOND, VA 23298-

OFFICER

DIRECTOR

NAME: MARK RYAN TITLE: PRESIDENT ADDRESS: 1200 E. BROAD ST. 14TH FLOOR N WING WEST HOSPITAL CITY/ST/ZIP/CO: RICHMOND, VA 23298-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE CROSSMAN TITLE: DIRECTOR ADDRESS: 1200 E. BROAD ST. 14TH FLOOR N WING WEST HOSPITAL CITY/ST/ZIP/CO: RICHMOND, VA 23298-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANN WEISNER TITLE: DIRECTOR ADDRESS: 1200 E. BROAD ST. 14TH FLOOR N WING WEST HOSPITAL CITY/ST/ZIP/CO: RICHMOND, VA 23298-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LILLIAN STEVENS TITLE: DIRECTOR ADDRESS: 1200 E. BROAD ST. 14TH FLOOR N WING WEST HOSPITAL CITY/ST/ZIP/CO: RICHMOND, VA 23298-	<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/ BETHANY M HOWLETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BETHANY M HOWLETT, <u>TREASURER</u> PRINTED NAME AND CORPORATE TITLE
<u>5/8/2011</u> 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.	