

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215516633
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1.) CORPORATION NAME: ARTHRITIS & OSTEOPOROSIS CENTER OF NORTHERNVIRGINIA, INC.	DUE DATE: 3/31/2015 SCC ID NO: 06125470				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MOHSEN GHAFOURI 914 WARWICKSHIRE CT GREAT FALLS, VA	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8100 ASHTON AVENUE #215 CITY/ST/ZIP: MANASSAS, VA 20109	
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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: MOHSEN GHAFOURI TITLE: PRESIDENT ADDRESS: 914 WARWICK SHIRE COURT CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MOHSEN GHAFOURI	MOHSEN GHAFOURI, PRESIDENT	4/29/2015
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.