

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213564109

1.) CORPORATION NAME:

**Vital Care of Southwest Virginia, Inc.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C R BOLLING  
401 RAILROAD AVE  
PO BOX 1250**

SCC ID NO: **06473656**

**RICHLANDS, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 4,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**TAZEWELL COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 305 OLD KENTUCKY TNPK  
PO BOX 269

CITY/ST/ZIP: CEDAR BLUFF, VA 24609

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:           | THERESA S MORROW      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT             |   |  |
| ADDRESS:        | PO BOX 1335           |   |  |
| CITY/ST/ZIP/CO: | CEDAR BLUFF, VA 24609 |   |  |

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| NAME:           | CHARLES SCOTT JUSTUS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT       |   |  |
| ADDRESS:        | 148 OAK HILL LANE    |   |  |
| CITY/ST/ZIP/CO: | ROSEDALE, VA 24280   |   |  |

|                 |                           |   |  |
|-----------------|---------------------------|---|--|
| NAME:           | KARLA NUCKLES             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SEC/TREAS                 |   |  |
| ADDRESS:        | 1443 BIG CEDAR CREEK ROAD |   |  |
| CITY/ST/ZIP/CO: | LEBANON, VA 24266         |   |  |

|                 |                  |   |  |
|-----------------|------------------|---|--|
| NAME:           | DAVID M SHANAHAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | S/T              |   |  |
| ADDRESS:        | RR5 BOX 300      |   |  |
| CITY/ST/ZIP/CO: | GRUNDY, VA 24614 |   |  |

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/ THERESA S MORROW                                | THERESA S MORROW,                             | 1/24/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.