

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215504656				
1.) CORPORATION NAME: <b>Del Ray Chiropractic and Massage Professional Corporation</b>		DUE DATE: <b>3/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PAUL CAFFREY 2402 MT VERNON AVE ALEXANDRIA, VA</b>		SCC ID NO: <b>06540330</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	20
CLASS	AUTHORIZED					
COMMON	20					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2402 MT VERNON AVENUE 2nd Floor  CITY/ST/ZIP: ALEXANDRIA, VA 22301						
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:                    PAUL CAFFREY TITLE:                    OFFICER ADDRESS:                2308 MT VERNON AVE 314 CITY/ST/ZIP/CO:        ALEXANDRIA, VA 22301	<input checked="" 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/ PAUL CAFFREY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL CAFFREY, OFFICER PRINTED NAME AND CORPORATE TITLE	2/1/2015 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.						