

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213515770		
1.) CORPORATION NAME: GENESIS COUNSELING CENTER, P.C.		DUE DATE: 3/31/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DOUGLAS W DAVIS 516 BAYLOR CT WYNNGATE BUSINESS PARK AT GREENBRIER CHESAPEAKE, VA		SCC ID NO: 06544787 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2202 C EXECUTIVE DRIVE CITY/ST/ZIP: HAMPTON, VA 23666				
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: DR. TRINA YOUNG PSY.D/LCP TITLE: P/S/T ADDRESS: 2202 C EXECUTIVE DRIVE CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: STEVEN GREER TITLE: COO ADDRESS: 2202 C EXECUTIVE DRIVE CITY/ST/ZIP/CO: HAMPTON, VA 23666	<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/ DR. TRINA YOUNG PSY.D/LCP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DR. TRINA YOUNG PSY.D/LCP, P/S/T PRINTED NAME AND CORPORATE TITLE	3/29/2013 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.				