

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213526786		
1.) CORPORATION NAME: LESLIE HEALTHCARE CONSULTANTS, INC.		DUE DATE: 6/30/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ORIN LESLIE 3832 OTTERDALE ROAD MIDLOTHIAN, VA		SCC ID NO: 06594394		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY		5.) STOCK INFORMATION		
4.) STATE OR COUNTRY OF INCORPORATION: VA		<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			
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BPX 4423 CITY/ST/ZIP: MIDLOTHIAN, VA 23112				
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: O R LESLIE TITLE: PRESIDENT ADDRESS: PO BOX 4423 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: BRENDA LESLIE TITLE: SECRETARY ADDRESS: PO BOX 4423 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input 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/ O R LESLIE	O R LESLIE, PRESIDENT	6/7/2013		
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.				