

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214546875				
1.) CORPORATION NAME: NORVA MEDICAL BILLING, INC.		DUE DATE: 9/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GERI L ELLIOTT 17606 MAIN STREET SUITE 202 DUMFRIES, VA		SCC ID NO: 06653505 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> <tr> <td>COMMON</td> <td>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
CLASS	AUTHORIZED					
COMMON	200					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY						
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 17606 MAIN ST STE 202 CITY/ST/ZIP: DUMFRIES, VA 22026						
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: MICHAEL ELLIOTT TITLE: SECRETARY ADDRESS: 5936 CALLIE FURNACE CT CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: GERI ELLIOTT TITLE: DIRECTOR ADDRESS: 5936 CALLIE FURNACE CT CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input 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/ MICHAEL ELLIOTT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL ELLIOTT, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/18/2014 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.						