

1.) CORPORATION NAME:

Caroline Christian Health Center, Inc.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANIEL TREMENTOZZI
17470 CENTER DRIVE
UNIT 4-A**

SCC ID NO: **06717821**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RUTHER GLEN, VA 22546

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CAROLINE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17470 CENTER DRIVE
BLD 4-A

CITY/ST/ZIP: RUTHER GLEN, VA 22546

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 DANIEL TREMENTOZZI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Medical Directo		
ADDRESS:	9600 TREEMONT LANE		
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553		

NAME:	BARBARA HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9838 RED HILL ROAD		
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553		

NAME:	HERB MCDERMOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6605 SUNRISE BAY DRIVE		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		

NAME:	JULIE PERUSSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12916 EASTMONT DRIVE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407		

NAME:	Brian Scott	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9909 Ashmeade Ct		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22407		

NAME:	Pamela C Thorpe	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 Pleasants Dr		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22407		

NAME:	Daniel C Webb	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11903 Bowman Dr		
	Suite 106		
CITY/ST/ZIP/CO:	Fredericksburg, VA 22408		

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.

<u>/s/ DR DANIEL TREMENTOZZI</u>	<u>DR DANIEL TREMENTOZZI,</u>	<u>7/31/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Medical Directo 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.