

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214540344
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1.) CORPORATION NAME: Coastal Prime Care Medical Associates, PC 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BENJAMIN LEE 4805 SHELLBARK COURT GLEN ALLEN, VA	DUE DATE: 4/30/2014 SCC ID NO: 06764419 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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COMMON	100				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4805 SHELLBARK COURT CITY/ST/ZIP: GLEN ALLEN, VA 23059

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: BENJAMIN LEE TITLE: OFF/DIR/PRES ADDRESS: 4805 SHELLBARK CT CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SAIRA LEE TITLE: SECRETARY ADDRESS: 4805 SHELLBARK CT CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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/ BENJAMIN LEE	BENJAMIN LEE, OFF/DIR/PRES	8/22/2014
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.