

1.) CORPORATION NAME:

**Harrisonburg Rockingham Dental Clinic**

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**CHRISTOPHER B NYE**

**563 NEFF AVENUE STE A**

**HARRISONBURG, VA 22801**

SCC ID NO: **06887426**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 25 WEST WATER STREET

CITY/ST/ZIP: HARRISONBURG, VA 22801-

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. MERINDA HAMBLIN  
TITLE: PRESIDENT  
ADDRESS: 3115 HARNES LANE  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: DANIEL FRASER  
TITLE: TREASURER  
ADDRESS: 11070 DAPHA RD  
CITY/ST/ZIP/CO: BROADWAY, VA 22815-

OFFICER

DIRECTOR

NAME: CHRIS NYE  
TITLE: DIRECTOR  
ADDRESS: 563A NEFF AVE  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: HEATHER DENMAN  
TITLE: SECRETARY  
ADDRESS: 225 BETTS RD  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-

OFFICER

DIRECTOR

NAME: STEVEN E GARDNER  
TITLE: DIRECTOR  
ADDRESS: 2342A BLUE STONE HILLS DRIVE  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: C MAC GARRISON  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 129 UNIVERSITY BLVD  
STE D  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

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/ CHRIS NYE</u>	<u>CHRIS NYE, DIRECTOR</u>	<u>2/27/2012</u>
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.