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|--|---|---|-------|------------|--------|-------|
| <b>SCC eFile</b>   | <b>2016 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 216503732   |       |            |        |       |
| 1.) CORPORATION NAME:<br><b>Insurance &amp; Medical Billing Services, Inc.</b>   |   | DUE DATE: <b>3/31/2016</b>  |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>IDA M THORNTON<br/>302 HICKMAN ROAD STE 102<br/>CHARLOTTESVILLE, VA</b>   |   | SCC ID NO: <b>06917181</b>  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>ALBEMARLE COUNTY</b>   |   | 5.) STOCK INFORMATION   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   | <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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED  |   |       |            |        |       |
| COMMON   | 1,000   |   |       |            |        |       |
| 6.) PRINCIPAL OFFICE ADDRESS:  |   |   |       |            |        |       |
| ADDRESS: 302 HICKMAN RD STE 102<br>CITY/ST/ZIP: CHARLOTTESVILLE, VA 22911  |   |   |       |            |        |       |
| 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: IDA M THORNTON   | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR   |       |            |        |       |
| TITLE: PRESIDENT   |   |   |       |            |        |       |
| ADDRESS: 238 JUSTIN DR   |   |   |       |            |        |       |
| CITY/ST/ZIP/CO: PALMYRA, VA 22963  |   |   |       |            |        |       |
| NAME: IDA M THORNTON   | <input type="checkbox"/> OFFICER  | <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |       |
| TITLE: DIRECTOR  |   |   |       |            |        |       |
| ADDRESS: 238 JUSTIN DR   |   |   |       |            |        |       |
| CITY/ST/ZIP/CO: PALMYRA, VA 22963  |   |   |       |            |        |       |
| 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/ IDA M THORNTON   | IDA M THORNTON, PRESIDENT   | 1/28/2016   |       |            |        |       |
| 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. |   |   |       |            |        |       |