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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------|--------|--------|
| <b>SCC eFile</b>                                                                                                                                                                                                         | <b>2014 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 214514140                                                                                                                                                                                                                             |                                              |            |        |        |
| 1.) CORPORATION NAME:<br><b>BioDocs of Virginia, PC</b>                                                                                                                                                                  |                                                                                         | DUE DATE: <b>4/30/2014</b>                                                                                                                                                                                                            |                                              |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>JAMES T ZELLOE<br/>STAHL ZELLOE PC<br/>11350 RANDOM HILLS RD STE 700<br/><br/>FAIRFAX, VA</b>                                                                     |                                                                                         | SCC ID NO: <b>07085384</b>                                                                                                                                                                                                            |                                              |            |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>                                                                                                                                                     |                                                                                         | 5.) STOCK INFORMATION<br><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>25,000</td> </tr> </table> | CLASS                                        | AUTHORIZED | COMMON | 25,000 |
| CLASS                                                                                                                                                                                                                    | AUTHORIZED                                                                              |                                                                                                                                                                                                                                       |                                              |            |        |        |
| COMMON                                                                                                                                                                                                                   | 25,000                                                                                  |                                                                                                                                                                                                                                       |                                              |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>                                                                                                                                                                      |                                                                                         |                                                                                                                                                                                                                                       |                                              |            |        |        |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 11230 WAPLES MILL RD<br>STE 125<br><br>CITY/ST/ZIP: FAIRFAX, VA 22030                                                                                                      |                                                                                         |                                                                                                                                                                                                                                       |                                              |            |        |        |
| 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:                                                                                                                                                                                                                    | WALTER COLLAZO, DDS                                                                     | <input checked="" type="checkbox"/> OFFICER                                                                                                                                                                                           | <input checked="" type="checkbox"/> DIRECTOR |            |        |        |
| TITLE:                                                                                                                                                                                                                   | PRESIDENT                                                                               |                                                                                                                                                                                                                                       |                                              |            |        |        |
| ADDRESS:                                                                                                                                                                                                                 | 204 LAWSON ROAD, SE                                                                     |                                                                                                                                                                                                                                       |                                              |            |        |        |
| CITY/ST/ZIP/CO:                                                                                                                                                                                                          | LEESBURG, VA 20175                                                                      |                                                                                                                                                                                                                                       |                                              |            |        |        |
| NAME:                                                                                                                                                                                                                    | FRANK STRICKLAND, DDS                                                                   | <input type="checkbox"/> OFFICER                                                                                                                                                                                                      | <input checked="" type="checkbox"/> DIRECTOR |            |        |        |
| TITLE:                                                                                                                                                                                                                   | DIRECTOR                                                                                |                                                                                                                                                                                                                                       |                                              |            |        |        |
| ADDRESS:                                                                                                                                                                                                                 | 11591 PINE TREE DRIVE                                                                   |                                                                                                                                                                                                                                       |                                              |            |        |        |
| CITY/ST/ZIP/CO:                                                                                                                                                                                                          | FAIRFAX, VA 22033                                                                       |                                                                                                                                                                                                                                       |                                              |            |        |        |
| NAME:                                                                                                                                                                                                                    | MOSTAFA TOLBA, DDS                                                                      | <input type="checkbox"/> OFFICER                                                                                                                                                                                                      | <input checked="" type="checkbox"/> DIRECTOR |            |        |        |
| TITLE:                                                                                                                                                                                                                   | DIRECTOR                                                                                |                                                                                                                                                                                                                                       |                                              |            |        |        |
| ADDRESS:                                                                                                                                                                                                                 | 1332 LAWSON LANE                                                                        |                                                                                                                                                                                                                                       |                                              |            |        |        |
| CITY/ST/ZIP/CO:                                                                                                                                                                                                          | MCLEAN, VA 22101                                                                        |                                                                                                                                                                                                                                       |                                              |            |        |        |
| 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/ WALTER COLLAZO, DDS                                                                                                                                                                                                  | WALTER COLLAZO, DDS,                                                                    | 3/18/2014                                                                                                                                                                                                                             |                                              |            |        |        |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT                                                                                                                                                                      | PRESIDENT<br>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. |                                                                                         |                                                                                                                                                                                                                                       |                                              |            |        |        |