

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213527326		
1.) CORPORATION NAME: Commonwealth Medical Management Services, Inc.		DUE DATE: 5/31/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GRANT S GRAYSON LECLAIR RYAN PC 951 E BYRD ST 8TH FL PO BOX 2499 RICHMOND, VA		SCC ID NO: 07087380		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY		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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5304 HARPERS RD. CITY/ST/ZIP: MCKENNEY, VA 23872				
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: KIMBERLY H WHITEHURST TITLE: P/S/T/CEO ADDRESS: 5304 HARPERS RD CITY/ST/ZIP/CO: MCKENNEY, VA 23872	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: CHRISTY M WHITEHURST TITLE: VICE PRESIDENT ADDRESS: 25 GREENVALE CT CITY/ST/ZIP/CO: RUTHER GLEN, VA 22546	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
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/ KIMBERLY H WHITEHURST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIMBERLY H WHITEHURST, P/S/T/CEO PRINTED NAME AND CORPORATE TITLE	6/12/2013 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.				