

1.) CORPORATION NAME:

FRIENDS 4 RECOVERY WHOLE HEALTH CENTER

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

HEATHER SEAMAN

4338 LAUREL OAK ROAD

RICHMOND, VA 23237

SCC ID NO: **07100282**

5.) STOCK INFORMATION

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

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9511 HULL ST
STE A

CITY/ST/ZIP: RICHMOND, VA 23236-

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: CARLA ELIZABETH BECK
TITLE: DIRECTOR
ADDRESS: 4338 LAUREL OAK ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23237-

OFFICER DIRECTOR

NAME: KIM HARTZLER
TITLE: PRESIDENT
ADDRESS: 11111 STILTON DRIVE
CITY/ST/ZIP/CO: CHESTER, VA 23831-

OFFICER DIRECTOR

NAME: DONIA ABOUL-HOSN
TITLE: VICE PRESIDENT
ADDRESS: 6500 BATTLE WOOD ROAD
CITY/ST/ZIP/CO: RICHMONC, VA 23237-

OFFICER DIRECTOR

NAME: CARMEN VENTURA
TITLE: SECRETARY
ADDRESS: 4000 PEREGRINE ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23237-

OFFICER DIRECTOR

NAME: VIRGINIA MCGILL
TITLE: TREASURER
ADDRESS: 10115 IDLEBROOK DRIVE
CITY/ST/ZIP/CO: HENRIO, VA 23238-

OFFICER DIRECTOR

NAME: JUDY PARKER TITLE: DIRECTOR ADDRESS: 8610 HUNTON CIRCLE CITY/ST/ZIP/CO: RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CLIFF CONNELL TITLE: DIRECTOR ADDRESS: 2510 COURTHOUSE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23236-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICKI CHAPMAN TITLE: DIRECTOR ADDRESS: 8021 BUFORD COMMONS CITY/ST/ZIP/CO: RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY CASTELLON TITLE: DIRECTOR ADDRESS: 9930 BENTWOOD LANE CITY/ST/ZIP/CO: RICHMOND, VA 23237-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID JAMES TITLE: DIRECTOR ADDRESS: 4036 SIMMONS DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23234-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BONNIE NEIGHBOUR TITLE: DIRECTOR ADDRESS: 2000 RIVERSIDE DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23225-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVE MANGANO TITLE: DIRECTOR ADDRESS: 12435 ERICA HILL LANE CITY/ST/ZIP/CO: FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER <input checked="" 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/ CARLA ELIZABETH BECK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLA ELIZABETH BECK, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE
6/17/2011 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.	