

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215528569

1.) CORPORATION NAME:

East Coast Mobile Health Services, Inc.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**COLLEEN M CLUTTER
20363 VANCES MILL RD
ABINGDON, VA**

SCC ID NO: **07119258**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WASHINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20363 VANCES MILL ROAD

CITY/ST/ZIP: ABINGDON, VA 24211

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	COLLEEN M CLUTTER		
TITLE:	PRESIDENT		
ADDRESS:	20636 VANCES MILL ROAD		
CITY/ST/ZIP/CO:	ABINGDON, VA 24211		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JUDY MCKNIGHT		
TITLE:	DIRECTOR		
ADDRESS:	511 AIRPORT ROAD		
CITY/ST/ZIP/CO:	CEDAR BLUFF, VA 24609		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS MCKNIGHT		
TITLE:	DIRECTOR		
ADDRESS:	511 AIRPORT ROAD		
CITY/ST/ZIP/CO:	CEDAR BLUFF, VA 24609		

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/ COLLEEN M CLUTTER</u>	<u>COLLEEN M CLUTTER,</u>	<u>7/30/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.