

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211523746

1.) CORPORATION NAME:

Medical/Dental Payments of Virginia, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

DORINE SCHER

45383 PERSIMMON LANE

POTOMAC FALLS, VA 20165

DUE DATE: **9/30/2011**

SCC ID NO: **07142839**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 45383 PERSIMMON LANE

CITY/ST/ZIP: POTOMAC FALLS, VA 20165-

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: DORINE SCHER
TITLE: OFFICER
ADDRESS: 45383 PERSIMMON LANE
CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165-

OFFICER

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/ DORINE SCHER

DORINE SCHER, OFFICER

10/5/2011

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.