

1.) CORPORATION NAME:

Therapeutic Intervention Services, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **07196561**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
ANTHONY DEEVER ADAMS
413 MOUNT CROSS ROAD SUITE 106
DANVILLE, VA 24540-4089**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PITTSYLVANIA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 413 MOUNT CROSS ROAD SUITE 106

CITY/ST/ZIP: DANVILLE, VA 24540-

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: ANTHONY DEEVER ADAMS
TITLE: PRESIDENT
ADDRESS: 9216 BRIGHTWAY CT.
CITY/ST/ZIP/CO: HENRICO, VA 23294-

OFFICER

DIRECTOR

NAME: ANTHONY DEEVER ADAMS
TITLE: DIRECTOR
ADDRESS: 9216 BRIGHTWAY CT
CITY/ST/ZIP/CO: HENRICO, VA 23294-

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/ ANTHONY DEEVER ADAMS
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

ANTHONY DEEVER ADAMS,
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

3/16/2012

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.