

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212517356
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1.) CORPORATION NAME: <b>Favero Family Practice Incorporated</b>	DUE DATE: <b>4/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN PATRICK FAVERO JR 445 E COMMONWEALTH BLVD STE A MARTINSVILLE, VA 24112</b>	SCC ID NO: <b>07218522</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MARTINSVILLE CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">1</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
CLASS	AUTHORIZED				
COMMON	1				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 445 E COMMONWEALTH BLVD  
Suite A

CITY/ST/ZIP: MARTINSVILLE, VA 24112

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN PATRICK FAVERO JR		
TITLE: DIRECTOR		
ADDRESS: 445 E COMMONWEALTH BLVD		
CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN PATRICK FAVERO JR		
TITLE: PRESIDENT		
ADDRESS: 445 E COMMONWEALTH BLVD		
CITY/ST/ZIP/CO: SUITE A MARTINSVILLE, VA 24112		

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/ JOHN PATRICK FAVERO JR	JOHN PATRICK FAVERO JR,	5/9/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.