SCC eFile

2014 ANNUAL REPORT

214527993

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

1.) CORPORATION NAME:

Dental Specialty Consultants of Virginia, Ltd.

DUE DATE: **5/31/2014**

SCC ID NO: **07233950**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
KAREN S MCANDREW
10442 PATTERSON AVE
RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 29417

CITY/ST/ZIP: RICHMOND, VA 23242

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.

[X] OFFICER [ ] DIRECTOR

NAME: NEIL AGNIHOTRI
TITLE: PRESIDENT
ADDRESS: 7650 PARHAM ROAD
SUITE 110
CITY/ST/ZIP/CO: RICHMOND, VA 23294

[X] OFFICER [X] DIRECTOR

NAME: FRANK P IUORNO, JR
TITLE: P/D/VP
ADDRESS: 3208 LOCKPORT WAY
CITY/ST/ZIP/CO: RICHMOND, VA 23232

[X] OFFICER [X] DIRECTOR

NAME: KAREN MCANDREW
TITLE: DIR/SEC
ADDRESS: 10442 PATTERSON AVENUE
CITY/ST/ZIP/CO: RICHMOND, VA 23233

[X] OFFICER [X] DIRECTOR

NAME: ELIZABETH C MILLER DDS
TITLE: TREAS/DIR
ADDRESS: 2560 GASKINS RD
CITY/ST/ZIP/CO: RICHMOND, VA 23238

[ ] OFFICER [X] DIRECTOR

NAME: CHRISTOPHER L MAESTRELLO,D.D.S.
TITLE: DIRECTOR
ADDRESS: 2560 GASKINS ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23233

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/ NEIL AGNIHOTRI	NEIL AGNIHOTRI, PRESIDENT	5/30/2014
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.