

SCC eFile	2011 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212512395
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1.) CORPORATION NAME: CCS Virginia Medical Services, P.C. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX RD STE 301 GLEN ALLEN, VA 23060	DUE DATE: 8/31/2011 SCC ID NO: 07269475 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10
CLASS	AUTHORIZED				
COMMON	10				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1283 Murfreesboro Road Suite 500 CITY/ST/ZIP: NASHVILLE, TN 37217

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.
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NAME: CARY MCCLURE TITLE: SECRETARY ADDRESS: 1283 Murfreesboro Road Suite 500 CITY/ST/ZIP/CO: NASHVILLE, TN 37217	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: RANDY MARSHALL TITLE: TREASURER ADDRESS: 1283 Murfreesboro Road Suite 500 CITY/ST/ZIP/CO: NASHVILLE, TN 37217	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DEAN RIEGER MD TITLE: DIRECTOR ADDRESS: 1283 Murfreesboro Road Suite 500 CITY/ST/ZIP/CO: NASHVILLE, TN 37217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CARY MCCLURE	CARY MCCLURE,	4/4/2012
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.