

1.) CORPORATION NAME:

Integrative Centers for Science and Medicine, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN L GREGORY III
400 STARLING AVE
MARTINSVILLE, VA 24112**

SCC ID NO: **07278583**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MARTINSVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12 STARLING AVENUE

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.

NAME:	NOEL T BOAZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12 STARLING AVE		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		
NAME:	ALAN J ALMQUIST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6 ALICE WAY		
CITY/ST/ZIP/CO:	SAN ANSELMO, CA 94960		
NAME:	SCOTT OBENSHAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3024 BARCELONA RD SW		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87105		
NAME:	TIMOTHY WOLF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2240 BALLARD WAY		
CITY/ST/ZIP/CO:	ELLIOTT CITY, MD 21042		
NAME:	B RUSSELL LEAVITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 ALASKAN WAY #405		
CITY/ST/ZIP/CO:	SEATTLE, WA 98101		
NAME:	GORDON GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1020 CORN TASSEL TRAIL		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

NAME:	MARY RIVES BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	334 EAST CHURCH ST #B3		
CITY/ST/ZIP/CO:	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/ NOEL T BOAZ	NOEL T BOAZ, PRESIDENT	8/3/2012	
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.			