

1.) CORPORATION NAME:

Integrative Centers for Science and Medicine, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN L GREGORY III
22 EAST CHURCH STREET
SUITE 312**

SCC ID NO: **07278583**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MARTINSVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MARTINSVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22 EAST CHURCH STREET
SUITE 312

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:	MARY RIVES BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	334 EAST CHURCH ST #B3		
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:	MERVYN KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29A JONES ST		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

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:	SCOTT OBENSHAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3024 BARCELONA ROAD		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87105		

NAME:	TIM WOLF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2240 BALLARD WAY		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21042		

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	9/9/2013
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.