

1.) CORPORATION NAME:

DUE DATE: **9/30/2014**

Integrative Centers for Science and Medicine, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07278583**

**JOHN L GREGORY III
315 HOSPITAL DR, SUITE 206
MARTINSVILLE, VA**

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: 315 HOSPITAL DR., SUITE 206

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 TITLE: PRESIDENT ADDRESS: 12 STARLING AVE CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY RIVES BROWN TITLE: TREASURER ADDRESS: 334 EAST CHURCH ST #B3 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALAN J ALMQUIST TITLE: SECRETARY ADDRESS: 6 ALICE WAY CITY/ST/ZIP/CO: SAN ANSELMO, CA 94960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MERVYN KING TITLE: DIRECTOR ADDRESS: 29A JONES ST CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: B RUSSELL LEAVITT TITLE: DIRECTOR ADDRESS: 1900 ALASKAN WAY #405 CITY/ST/ZIP/CO: SEATTLE, WA 98101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT OBENSHAIN TITLE: DIRECTOR ADDRESS: 3024 BARCELONA ROAD CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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	11/13/2014
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.