

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215548885
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1.) CORPORATION NAME: Dominion Health Care Solutions, Inc.	DUE DATE: 9/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OYEJOKE ADEJAYAN 10516 JEFFERSON AVE NEWPORT NEWS, VA	SCC ID NO: 07283831				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">1</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
CLASS	AUTHORIZED				
COMMON	1				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10516 JEFFERSON AVE

CITY/ST/ZIP: NEWPORT NEWS, VA 23601

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR OYEJOKE T ADEJAYAN TITLE: DIRECTOR ADDRESS: 10 STEPHANIES ROAD CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VICTOR OLUSEGUN ADEJAYAN TITLE: DIRECTOR ADDRESS: 10 STEPHANIES ROAD CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input type="checkbox"/>	<input type="checkbox"/>

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/ DR OYEJOKE T ADEJAYAN	DR OYEJOKE T ADEJAYAN, DIRECTOR	3/15/2016
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.