

1.) CORPORATION NAME: <b>PRAISES MENTAL HEALTH SERVICES CORPORATION</b>	DUE DATE: <b>4/30/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MARY MACK 115 BAKER LN ROCKY MOUNT, VA</b>	SCC ID NO: <b>07362734</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FRANKLIN COUNTY</b>	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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1230 TRIPPLE CREEK ROAD  CITY/ST/ZIP: ROCKY MOUNTAIN, VA 24151	
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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: MARY MACK TITLE: OWNER ADDRESS: 263 FRANKLIN ST CITY/ST/ZIP/CO: ROCKY MOUNTAIN, VA 24151	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: FREDERICK DOUGLASS MACK TITLE: DIRECTOR ADDRESS: 263 FRANKLIN STREET SUITE 5 CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: GAMEL MCGHEE TITLE: DIRECTOR ADDRESS: 263 FRANKLIN ST CITY/ST/ZIP/CO: ROCKY MOUNTAIN, VA 24151	<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/ MARY MACK	MARY MACK, OWNER	5/19/2015
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.