

1.) CORPORATION NAME: Behavioral Health Services of Virginia Corporation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DEMARIO ADKINS 8604 PENNSBURY PL #3 HENRICO, VA 23294 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 2/28/2013 SCC ID NO: 07477706 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>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8604 Pennbury PI Apt 3 CITY/ST/ZIP: Henrico, VA 23294
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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: DEMARIO ADKINS TITLE: PRESIDENT ADDRESS: 8604 Pennsbury PI Apt 3 CITY/ST/ZIP/CO: HENRICO, VA 23294	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: AMIRA ADKINS TITLE: DIRECTOR ADDRESS: 5707 WOOD CREEK CT APT D CITY/ST/ZIP/CO: HENRICO, VA 23228	<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/ DEMARIO ADKINS	DEMARIO ADKINS, PRESIDENT	12/18/2012
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.