

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215505920

1.) CORPORATION NAME:

**MOON MOLLOV, DDS, P.C.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD L GRIER  
100 SHOCKOE SLIP 3RD FL  
RICHMOND, VA**

SCC ID NO: **07621154**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4372 THOMAS BRIGADE LANE

CITY/ST/ZIP: FAIRFAX, VA 22033

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:	JEFF T MOON, DDS		
TITLE:	PRES/TREAS		
ADDRESS:	4372 THOMAS BRIGADE LANE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NIKOLAY D MOLLOV DDS		
TITLE:	VP/SEC		
ADDRESS:	4372 THOMAS BRIGADE LANE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

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/ JEFF T MOON, DDS	JEFF T MOON, DDS, PRES/TREAS	2/16/2015
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.