

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214558076

1.) CORPORATION NAME:

Potomac Falls Rehabilitation, Inc.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALBERT BRUCE THOMAS II
46165 WESTLAKE DR #100
STERLING, VA**

SCC ID NO: **07678246**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 46165 WESTLAKE DR #100

CITY/ST/ZIP: STERLING, VA 20165

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:	ALBERT BRUCE THOMAS II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 651062		
CITY/ST/ZIP/CO:	STERLING, VA 20165		

NAME:	HEIDI KAMBROD ARCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	46165 WESTLAKE DR #100		
CITY/ST/ZIP/CO:	STERLING, VA 20165		

NAME:	ALBERT BRUCE THOMAS II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	46165 WESTLAKE DR #100		
CITY/ST/ZIP/CO:	STERLING, VA 20165		

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.

<u>/s/ ALBERT BRUCE THOMAS II</u>	<u>ALBERT BRUCE THOMAS II,</u>	<u>4/26/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.