

SCC eFile

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

215508875

1.) CORPORATION NAME:

**WASHINGTON HOSPITAL CENTER CORPORATION**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1170770**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 110 IRVING STREET, NW

CITY/ST/ZIP: WASHINGTON, DC 20010

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 type="checkbox"/> DIRECTOR
NAME:	JOHN SULLIVAN	
TITLE:	PRESIDENT	
ADDRESS:	WASHINGTON HOSPITAL CENTER 110 IRVING STREET, NW WASHINGTON, DC 20010	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIC W. PRICE	
TITLE:	TREASURER	
ADDRESS:	AFL-CIO HOUSING INVESTMENT TRUST 2401 PENNSYLVANIA AVENUE, NW, SUITE 200 WASHINGTON, DC 20037	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINDA TAYLOR	
TITLE:	SECRETARY	
ADDRESS:	6525 BELCREST ROAD SUITE 320 HYATTSVILLE, MD 20782	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THERESA M. DUPART	
TITLE:	DIRECTOR	
ADDRESS:	802 CREWS ROAD GREAT FALLS, VA 22066	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NEAL M. KURZROK	
TITLE:	DIRECTOR	
ADDRESS:	THE NEUROLOGY CENTER, PC 1160 VARNUM STREET, NE, SUITE 204 WASHINGTON, DC 20017	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBIN B. MARTIN	
TITLE:	DIRECTOR	
ADDRESS:	DEER RIVER GROUP, LLC 888 17TH STREET, NW, SUITE 1000 WASHINGTON, DC 20006	
CITY/ST/ZIP/CO:		

NAME:	ELIZABETH ROSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2021 K STREET, NW		
CITY/ST/ZIP/CO:	SUITE 315 WASHINGTON, DC 20006-1014		

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/ LINDA TAYLOR	LINDA TAYLOR, SECRETARY	3/7/2015
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.