

1.) CORPORATION NAME: <b>ORTHODONTIC CENTERS OF VIRGINIA, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b>	DUE DATE: <b>9/30/2012</b>  SCC ID NO: <b>F1188921</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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 3850 N CAUSEWAY BLVD STE 800  CITY/ST/ZIP: METAIRIE, LA 70002
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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: DAVID MARKS TITLE: PRESIDENT ADDRESS: 3850 N CAUSEWAY BLVD STE 800 CITY/ST/ZIP/CO: METAIRIE, LA 70002	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOE SIVORI TITLE: TREASURER ADDRESS: 3850 N CAUSEWAY BLVD #800 CITY/ST/ZIP/CO: METAIRIE, LA 70002	<input checked="" 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/ JOE SIVORI	JOE SIVORI, TREASURER	9/19/2012
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.