

1.) CORPORATION NAME:

**Green Spring Health Services, Inc.**

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

SCC ID NO: **F1202151**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6950 COLUMBIA GATEWAY DR  
STE 400

CITY/ST/ZIP: COLUMBIA, MD 21046-

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:	RENE LERER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	55 NOD ROAD		
CITY/ST/ZIP/CO:	AVON, CT 06001-		
NAME:	LINTON C NEWLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1203 4TH STREET SW		
CITY/ST/ZIP/CO:	CULLMAN, AL 35055-		
NAME:	MARGIE M SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	1203 4TH ST SW		
CITY/ST/ZIP/CO:	CULLMAN, AL 35055-3922		
NAME:	DANIEL N GREGOIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	55 NOD ROAD		
CITY/ST/ZIP/CO:	AVON, CT 06001-		
NAME:	MICHAEL P MCQUILLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST SEC		
ADDRESS:	6950 COLUMBIA GATEWAY DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046-		

NAME: JONATHAN N RUBIN TITLE: TREASURER ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RENIE SHAPIRO TITLE: DIRECTOR ADDRESS: 55 NOD ROAD CITY/ST/ZIP/CO: AVON, CT 06001-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN J DIBERNARDI TITLE: ASST SECRETARY ADDRESS: 6950 COLUMBIA GATEWAY DR. CITY/ST/ZIP/CO: COLUMBIA, MD 21046-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ DANIEL N GREGOIRE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL N GREGOIRE, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/25/2012 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.		