

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214520522

1.) CORPORATION NAME:

**COMPREHENSIVE OCCUPATIONAL MEDICAL  
ASSOCIATES OF CONNECTICUT, P.C.**

DUE DATE: **4/30/2014**

SCC ID NO: **F1375908**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 205 MILLER SPRINGS CT

CITY/ST/ZIP: FRANKLIN, TN 37064

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:	A. CLARKE DARLINGTON MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/SEC/TREAS		
ADDRESS:	205 MILLER SPRINGS CT		
CITY/ST/ZIP/CO:	FRANKLIN, TN 37064		

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/ A. CLARKE DARLINGTON MD  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

A. CLARKE DARLINGTON MD,  
PRES/SEC/TREAS  
PRINTED NAME AND CORPORATE  
TITLE

4/21/2014

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.