

1.) CORPORATION NAME:

Practice Greenhealth

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

**ANNA GILMORE HALL
12355 SUNRISE VALLEY DR
SUITE 680**

RESTON, VA 20191

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

DUE DATE: **6/30/2010**

SCC ID NO: **F1755737**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12355 SUNRISE VALLEY DRIVE
SUITE 680

CITY/ST/ZIP: RESTON, VA 20191-

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: BRUNO GIACOMUZZI
TITLE: DIRECTOR
ADDRESS: 7435 W TALCOTT AVE
CITY/ST/ZIP/CO: CHICAGO, IL 60631-

OFFICER DIRECTOR

NAME: ANNA GILMORE HALL
TITLE: DIRECTOR
ADDRESS: 12355 SUNRISE VALLEY DR
SUITE 680
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER DIRECTOR

NAME: SUSAN VICKERS
TITLE: CHAIRMAN
ADDRESS: 185 BERRY ST STE 300
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94107-

OFFICER DIRECTOR

NAME: KATHY GERWIG
TITLE: DIRECTOR
ADDRESS: ONE KAISER PLAZA
21-B
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

OFFICER DIRECTOR

NAME: JOHN STRONG TITLE: DIRECTOR ADDRESS: 5 REVERE DRIVE SUITE 200 CITY/ST/ZIP/CO: NORTHBROOK, IL 60062-1500	<input 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.

<u>/s/ ANNA GILMORE HALL</u>	<u>ANNA GILMORE HALL, DIRECTOR</u>	<u>8/2/2010</u>
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.