

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Practice Greenhealth

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1755737**

**JOLIE ROSST
PRACTICE GREENHEALTH
12355 SUNRISE VALLEY DR STE 680**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

RESTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

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:	GARY COHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	41 OAKVIEW TERRACE		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		

NAME:	JEFFREY HOLLENDERI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	212 BATTERY STREET		
CITY/ST/ZIP/CO:	BURLINGTON, VT 05401		

NAME:	JOHN STRONG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	846 TARRANT DRIVE		
CITY/ST/ZIP/CO:	FONTANA, WI 53125		

NAME:	SUSAN VICKERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	185 BERRY ST STE 300		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94107		

NAME:	KATHY GERWIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE KAISER PLAZA		
CITY/ST/ZIP/CO:	21-B OAKLAND, CA 94612		

NAME:	Al Ianuzzi	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 George Street		
CITY/ST/ZIP/CO:	New Brunswick, NJ 08901		

NAME: Glen Barbi TITLE: DIRECTOR ADDRESS: 1 Becton Drive CITY/ST/ZIP/CO: Franklin Lakes, NJ 07417	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: Jeffrey Thompson TITLE: DIRECTOR ADDRESS: 1900 South Avenue CITY/ST/ZIP/CO: H03-006 LaCrosse, WI 54601	<input type="checkbox"/> OFFICER	<input checked="" 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/ GARY COHEN	GARY COHEN, PRESIDENT	4/30/2014
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.