

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215532738
1.) CORPORATION NAME: Medicare Pathways, Inc.	DUE DATE: 7/31/2015	
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: F1933896	
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION	
4.) STATE OR COUNTRY OF INCORPORATION: WV	CLASS	AUTHORIZED
	COMMON	100
6.) PRINCIPAL OFFICE ADDRESS:		
ADDRESS: 114 SMILEY DR.		
CITY/ST/ZIP: ST. ALBANS, WV 25177		
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: BENJAMIN KIMBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 1510 KANAWHA BLVD E		
CITY/ST/ZIP/CO: CHARLESTON, WV 25311		
NAME: ROBERT KIMBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: CEO		
ADDRESS: 1510 KANAWHA BLVD E		
CITY/ST/ZIP/CO: CHARLESTON, WV 25311		
NAME: LAURA KIMBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: EVP		
ADDRESS: 1510 KANAWHA BLVD E		
CITY/ST/ZIP/CO: CHARLESTON, WV 25311		
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/ BENJAMIN KIMBLE	BENJAMIN KIMBLE, PRESIDENT	9/2/2015
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.		