

1.) CORPORATION NAME:

**PAIN CONNECTION - CHRONIC PAIN OUTREACH
CENTER, INC.**

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

SCC ID NO: **F1793415**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE E TUTTLE
1225 MARTHA CUSTIS DR STE 103
ALEXANDRIA, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12320 PARKLAWN DRIVE

CITY/ST/ZIP: ROCKVILLE, MD 20852

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:	SHARON BARRETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10534 GREEN MOUNTAIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	KIM THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10 COURT COTTONWOOD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20877		

NAME:	FRANCES STANFORD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10312 WATKINS MILL DRIVE		
CITY/ST/ZIP/CO:	MONTGOMERY VILLAGE, MD 20886		

NAME:	MALCOLM PAUL HERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	611 ROCKVILLE PIKE		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		

NAME:	NEIL GOLDSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7500 WOODMONT AVE #715		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	GWENN HOPE HERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12320 PARKLAWN DRIVE		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELSIE LOCHER FERGUSO LOCHER FERGUSON		
TITLE:	DIRECTOR		
ADDRESS:	3154 GRACEFIELD ROAD		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20904		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL SITAR		
TITLE:	DIRECTOR		
ADDRESS:	7910 WOODMONT AVENUE, SUITE 1309		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

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/ SHARON BARRETT	SHARON BARRETT, PRESIDENT	6/23/2014
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.