

**2017 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**



**1. CORPORATION NAME:**

StatHealth Medical Centers, Inc.

**DUE DATE: 06/30/17**

**2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.**

SCOTT N KAZEM  
116-C EDWARDS FERRY ROAD  
LEESBURG, VA 20176

**SCC ID NO.: 0619118-3**

**5. STOCK INFORMATION**

CLASS	AUTHORIZED
COMMON	25,000

**3. CITY OR COUNTY OF VA REGISTERED OFFICE:**

153-LOUDOUN COUNTY

**4. STATE OR COUNTRY OF INCORPORATION:**

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

**6. PRINCIPAL OFFICE ADDRESS:**

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 19450 DEERFIELD AVENUE SUITE 265  CITY/ST/ZIP LEESBURG, VA 20176	ADDRESS:   CITY/ST/ZIP

**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.

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Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME: ROBERT SAUNDERS TITLE: PRESIDENT ADDRESS: 19450 DEERFIELD AVENUE #265 CITY/ST/ZIP: LEESBURG, VA 20176	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

ROBERT SAUNDERS PRESIDENT  
PRINTED NAME AND CORPORATE TITLE

6/8/17  
DATE

2017 ANNUAL REPORT CONTINUED

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CORPORATION NAME:  
StatHealth Medical Centers, Inc.

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: AMBER SAUNDERS                  TITLE: VICE PRESIDENT                  ADDRESS: 19450 DEERFIELD AVENUE                            #265                  CITY/ST/ZIP: LEESBURG, VA 20176</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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