

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90101 042 ***150.00

DOCUMENT # P07839

1. Entity Name
VHA INC.



Principal Place of Business
220 E LAS COLINAS BLVD
IRVING, TX 75039 US

Mailing Address
220 E LAS COLINAS BLVD
IRVING, TX 75039 US

40055700



06062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2182248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NONOMAQUE, CURT
STREET ADDRESS	220 EAST LAS COLINAS BLVD
CITY-ST-ZIP	IRVING, TX 750395500
TITLE	T
NAME	CHAPEL, ROBERT
STREET ADDRESS	220 EAST LAS COLINAS BLVD
CITY-ST-ZIP	IRVING, TX 750395500
TITLE	S
NAME	LLOYD, MARCEA B
STREET ADDRESS	220 E LAS COLINAS BLVD
CITY-ST-ZIP	IRVING, TX 750395500
TITLE	D
NAME	CORLEY, WILLIAM E
STREET ADDRESS	220 E LAS COLINAS BLVD
CITY-ST-ZIP	IRVING, TX 750395500
TITLE	D
NAME	BRADLEY, J. LINDSEY JR
STREET ADDRESS	220 EAST LAS COLINAS BOULEVARD
CITY-ST-ZIP	IRVING, TX 75039
TITLE	D
NAME	DAHLBERG, EDWIN E
STREET ADDRESS	220 E LAS COLINAS BLVD.
CITY-ST-ZIP	IRVING, TX 750395500

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marcea Bland Lloyd 6/16/06 978-830-0050