

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003201

Entity Name: MARY WASHINGTON HEALTHCARE, INC.**Current Principal Place of Business:**2300 FALL HILL AVE, SUITE 509
FREDERICKSBURG, VA 22401**Current Mailing Address:**2300 FALL HILL AVE, SUITE 509
FREDERICKSBURG, VA 22401 US**FEI Number:** 54-1240646**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BLALOCK, LAUREN
Address 2300 FALL HILL AVE, SUITE 509
City-State-Zip: FREDERICKSBURG VA 22401

Title ST
Name ROWLEY, JOHN
Address 2300 FALL HILL AVE, SUITE 509
City-State-Zip: FREDERICKSBURG VA 22401

Title VC
Name MESSING, FRED
Address 2300 FALL HILL AVE, SUITE 509
City-State-Zip: FREDERICKSBURG VA 22401

Title C
Name BOLDON, WILLIAM
Address 2300 FALL HILL AVE, SUITE 509
City-State-Zip: FREDERICKSBURG VA 22401

Title CFO
Name BARDEN, SEAN
Address 2300 FALL HILL AVE, SUITE 509
City-State-Zip: FREDERICKSBURG VA 22401

Title P
Name MCDERMOTT, MICHAEL MD
Address 2300 FALL HILL AVE, SUITE 509
City-State-Zip: FREDERICKSBURG VA 22401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN BLALOCK

VP

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date