

1.) CORPORATION NAME:

MEDICAL SOCIETY OF NORTHERN VIRGINIA, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
CLAUDIA M TELLEZ
3929 OLD LEE HWY
SUITE 92-D**

FAIRFAX, VA 22030

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/31/2010**

SCC ID NO: **00942326**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3929 OLD LEE HWY
UNIT 92-D

CITY/ST/ZIP: FAIRFAX, VA 22030-

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:	LINDA H MOSELY MD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6355 WALKER LANE #409		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-		
NAME:	ALBERT COO MD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	6300 STEVENSON AVE STE D		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304-		
NAME:	AMIR BAJOGHLI MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8130 BOONE BLVD #230		
CITY/ST/ZIP/CO:	VIENNA, VA 22182-		
NAME:	SANDY L CHUNG MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3650 JOSEPH SIEWICK DR #101		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		
NAME:	JOHN A RICHARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3929 OLD LEE HWY 92-D		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID K CHOW MD		
TITLE:	DIRECTOR		
ADDRESS:	1830 TOWN CENTER DRIVE		
	SUITE 210		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDNAN MUSHTAQ MD		
TITLE:	DIRECTOR		
ADDRESS:	6845 ELM STREET		
	SUITE 303		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRENDA J DINTIMAN MD		
TITLE:	DIRECTOR		
ADDRESS:	3700 JOSEPH SIEWICK DRIVE		
	SUITE 403		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL C TRAHOS MD		
TITLE:	DIRECTOR		
ADDRESS:	1707 OSAGE STREET		
	SUITE 203		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM A FRIED MD		
TITLE:	DIRECTOR		
ADDRESS:	2010 CORPORATE RIDGE		
	SUITE 300		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-		

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.

<u>/s/ LINDA H MOSELY MD</u>	<u>LINDA H MOSELY MD,</u>	<u>9/20/2010</u>
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.