

1.) CORPORATION NAME:

MEDICAL SOCIETY OF NORTHERN VIRGINIA, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

CLAUDIA M TELLEZ

7927 JONES BRANCH DR, SUITE 3150

MCLEAN, VA 22102

DUE DATE: **8/31/2011**

SCC ID NO: **00942326**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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: ALBERT COO MD
TITLE: S/T
ADDRESS: 6300 STEVENSON AVE
STE D
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304-

OFFICER

DIRECTOR

NAME: AMIR BAJOGHLI MD
TITLE: DIRECTOR
ADDRESS: 8130 BOONE BLVD #230
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER

DIRECTOR

NAME: DAVID K CHOW MD
TITLE: DIRECTOR
ADDRESS: 1830 TOWN CENTER DRIVE
SUITE 210
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: SANDY L CHUNG MD
TITLE: DIRECTOR
ADDRESS: 3650 JOSEPH SIEWICK DR #101
CITY/ST/ZIP/CO: FAIRFAX, VA 22033-

OFFICER

DIRECTOR

NAME: WILLIAM A FRIED MD
TITLE: DIRECTOR
ADDRESS: 2010 CORPORATE RIDGE
SUITE 300
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER

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: BRENDA J DINTIMAN MD TITLE: PRESIDENT ADDRESS: 3700 JOSEPH SIEWICK DRIVE SUITE 403 CITY/ST/ZIP/CO: FAIRFAX, VA 22033-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LINDA H MOSELY MD TITLE: DIRECTOR ADDRESS: 6355 WALKER LANE #409 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EDNAN MUSHTAQ MD TITLE: PRESIDENT ADDRESS: 6845 ELM STREET SUITE 303 CITY/ST/ZIP/CO: MCGEE, VA 22101-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ ALBERT COO MD	ALBERT COO MD, S/T	9/20/2011
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.		