

1.) CORPORATION NAME:

**MEDICAL SOCIETY OF NORTHERN VIRGINIA, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLAUDIA M TELLEZ  
7927 JONES BRANCH DR, SUITE 3150  
MCLEAN, VA 22102**

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: 7927 Jones Branch Drive  
Suite 3150

CITY/ST/ZIP: McLean, VA 22102

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: 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
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NAME: EDNAN MUSHTAQ MD TITLE: PRESIDENT ADDRESS: 6845 ELM STREET SUITE 303 CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ALBERT COO MD TITLE: S/T ADDRESS: 6300 STEVENSON AVE STE D CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: AMIR BAJOGHLI MD TITLE: DIRECTOR ADDRESS: 8130 BOONE BLVD #230 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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
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NAME: SANDY L CHUNG MD TITLE: DIRECTOR ADDRESS: 3650 JOSEPH SIEWICK DR #101 FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A FRIED MD DIRECTOR 2010 CORPORATE RIDGE SUITE 300 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA H MOSELY MD DIRECTOR 6355 WALKER LANE #409 ALEXANDRIA, VA 22310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C TRAHOS MD DIRECTOR 1707 OSAGE STREET SUITE 203 ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" 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/ BRENDA J DINTIMAN MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRENDA J DINTIMAN MD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/19/2012 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.			