

1.) CORPORATION NAME:

MEDICAL SOCIETY OF NORTHERN VIRGINIA, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **00942326**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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.

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

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SANDY L CHUNG MD	
TITLE:	PRESIDENT	
ADDRESS:	3650 JOSEPH SIEWICK DR #101 FAIRFAX, VA 22033	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA H MOSELY MD	
TITLE:	DIRECTOR	
ADDRESS:	6355 WALKER LANE #409 ALEXANDRIA, VA 22310	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael Fields MD	
TITLE:	DIRECTOR	
ADDRESS:	2730-A Prosperity Avenue Fairfax , VA 22031	
CITY/ST/ZIP/CO:		

NAME: Anne Rose Eapen MD TITLE: DIRECTOR ADDRESS: 1860 Town Center Drive Suite 255 CITY/ST/ZIP/CO: Reston, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jack Ayoub MD TITLE: DIRECTOR ADDRESS: 44035 Riverside Parkway Suite 435 CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jim Jenkins MD TITLE: DIRECTOR ADDRESS: 115 Park Street Suite 300 CITY/ST/ZIP/CO: Vienna, VA 22180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Martin TITLE: DIRECTOR ADDRESS: 100 East Street Suite 301 CITY/ST/ZIP/CO: Vienna, VA 22180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian McConnell MD TITLE: DIRECTOR ADDRESS: 3300 Gallows Road Falls Church, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michelle Roeser MD TITLE: DIRECTOR ADDRESS: 6231 Leesburg Pike Suite 500 CITY/ST/ZIP/CO: Falls Church , VA 22044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nancy Tanchel MD TITLE: VICE PRESIDENT ADDRESS: 8321 Old Courthouse Road Suite 110 CITY/ST/ZIP/CO: Vienna, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J. John Woo MD TITLE: TREASURER ADDRESS: 8233 Old Courthouse Road Suite 300 CITY/ST/ZIP/CO: Vienna, VA 22182	<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/ SANDY L CHUNG MD	SANDY L CHUNG MD, PRESIDENT	9/11/2013
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.		