

1.) CORPORATION NAME: **MEDICAL SOCIETY OF NORTHERN VIRGINIA, INC.** DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CLAUDIA M TELLEZ** SCC ID NO: **00942326**

7927 JONES BRANCH DR, SUITE 3150
MCLEAN, VA

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

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | NANCY TANCHEL MD | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 8321 OLD COURTHOUSE ROAD | |
| CITY/ST/ZIP/CO: | SUITE 110 VIENNA, VA 22182 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | J. JOHN WOO MD | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 8233 OLD COURTHOUSE ROAD | |
| CITY/ST/ZIP/CO: | SUITE 300 VIENNA, VA 22182 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JACK AYOUB MD | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 44035 RIVERSIDE PARKWAY | |
| CITY/ST/ZIP/CO: | SUITE 435 LEESBURG, VA 20176 | |

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

| | |
|--|---|
| 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: 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: MICHAEL FIELDS MD TITLE: DIRECTOR ADDRESS: 2730-A PROSPERITY AVENUE CITY/ST/ZIP/CO: FAIRFAX, VA 22031 | <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: TREASURER ADDRESS: 100 EAST STREET SUITE 301 CITY/ST/ZIP/CO: VIENNA, VA 22180 | <input checked="" type="checkbox"/> OFFICER <input 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: 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: DIRECTOR ADDRESS: 6845 ELM STREET SUITE 303 CITY/ST/ZIP/CO: MCLEAN, VA 22101 | <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 |
| 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/ NANCY TANCHEL MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | NANCY TANCHEL MD, PRESIDENT PRINTED NAME AND CORPORATE TITLE |
| 6/24/2014 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. | |