

1.) CORPORATION NAME:

GASTROENTEROLOGY ASSOCIATES OF NORTHERN VIRGINIA,LTD.

DUE DATE: **6/30/2013**

SCC ID NO: **01323781**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL A GARONE
3700 JOSEPH SIEWICK DR #308
FAIRFAX, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3700 JOSEPH SIEWICK DRIVE
STE 308

CITY/ST/ZIP: FAIRFAX, VA 22033-1739

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:	KENNETH MIRKIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3700 JOSEPH SIEWICK DR #308		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	MICHAEL A GARONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9317 MILLBRANCH ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		
NAME:	BYUNGKI KIM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7204 Capitol View Dr.		
CITY/ST/ZIP/CO:	McLean, VA 22101		
NAME:	Jeremias C. Tan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3608 Rocky Meadow Ct.		
CITY/ST/ZIP/CO:	Fairfax, VA 22033		

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/ KENNETH MIRKIN</u>	<u>KENNETH MIRKIN, PRESIDENT</u>	<u>7/22/2013</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.