

1.) CORPORATION NAME:

NEUROSURGICAL ASSOCIATES, P.C.

DUE DATE: **9/30/2011**

SCC ID NO: **01482579**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JAMES M DANIEL JR

4701 COX RD STE 400

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1651 N PARHAM RD

CITY/ST/ZIP: RICHMOND, VA 23229-

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: WILLIAM R WHITE MD
TITLE: PRESIDENT
ADDRESS: 1651 N PARHAM RD
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER

DIRECTOR

NAME: DAVID S GECKLE MD
TITLE: VP-OPERATIONS
ADDRESS: 1651 N PARHAM RD
CITY/ST/ZIP/CO: RICHMOND, VA -

OFFICER

DIRECTOR

NAME: K SINGH SAHNI MD
TITLE: VICE PRESIDENT
ADDRESS: 1651 N PARHAM ROAD
CITY/ST/ZIP/CO: RICHMOND, VA -

OFFICER

DIRECTOR

NAME: JACKSON B SALVANT JR MD
TITLE: SECRETARY
ADDRESS: 1651 N PARHAM ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER

DIRECTOR

NAME: CLAUDE W WILSON MD
TITLE: DIRECTOR
ADDRESS: 1651 N PARHAM RD
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER

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.

<u>/s/ K SINGH SAHNI MD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>K SINGH SAHNI MD, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/26/2011</u> 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.