

1.) CORPORATION NAME:

NEUROSURGICAL ASSOCIATES, P.C.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES M DANIEL JR
HANCOCK DANIEL ET AL
4701 COX RD STE 400**

SCC ID NO: **01482579**

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: DAVID S GECKLE MD TITLE: VICE PRESIDENT ADDRESS: 1651 N PARHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: K SINGH SAHNI MD TITLE: PRESIDENT ADDRESS: 1651 N PARHAM ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAUDE W WILSON MD TITLE: DIRECTOR ADDRESS: 1651 N PARHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter A Alexander TITLE: SECRETARY ADDRESS: 1651 N Parham Road CITY/ST/ZIP/CO: Richmond, VA 23229	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Matthew T Mayr TITLE: TREASURER ADDRESS: 1651 N Parham Rod CITY/ST/ZIP/CO: Richmond, VA 23229	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rajesh V Mehta TITLE: DIRECTOR ADDRESS: 1651 N. Parham Road CITY/ST/ZIP/CO: Richmond, VA 23229	<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/ K SINGH SAHNI MD	K SINGH SAHNI MD, PRESIDENT	8/13/2012
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.		