

1.) CORPORATION NAME:

NEUROSURGICAL ASSOCIATES, P.C.

DUE DATE: **9/30/2014**

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

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:	K SINGH SAHNI MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1651 N PARHAM ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	DAVID S GECKLE MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1651 N PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	MATTHEW T MAYR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1651 N PARHAM ROD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	PETER A ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1651 N PARHAM ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	RAJESH V MEHTA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1651 N. PARHAM ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	CLAUDE W WILSON MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1651 N PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

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	7/25/2014
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.		