

1.) CORPORATION NAME:

**PULMONARY AND CRITICAL CARE SPECIALISTS
OF NORTHERN VIRGINIA, P.C.**

DUE DATE: **5/31/2014**

SCC ID NO: **01847391**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN S WISIACKAS
ODIN FELDMAN & PITTLEMAN PC
1775 WIEHLE AVENUE STE 400**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

RESTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3650 JOSEPH SIEWICK DRIVE
SUITE 307

CITY/ST/ZIP: FAIRFAX, VA 22033-1719

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:	GEORGE C BAZACO MD	
TITLE:	PRESIDENT	
ADDRESS:	3650 JOSEPH SIEWICK DRIVE SUITE 307	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN B CLEARY MD	
TITLE:	S/T	
ADDRESS:	3650 JOSEPH SIEWICK DRIVE SUITE 307	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARRY S DICICCO, M.D,	
TITLE:	DIRECTOR	
ADDRESS:	3650 JOSEPH SIEWICK DR., #307	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS J LORUSSO MD	
TITLE:	DIRECTOR	
ADDRESS:	3650 JOSEPH SIEWICK DR STE 307	
CITY/ST/ZIP/CO:	FAIRFAX VA, VA 22033	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEPAK SONI MD	
TITLE:	DIRECTOR	
ADDRESS:	3650 JOSEPH SIEWICK DR STE 307	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARLA L SHUMAN MD DIRECTOR 3650 JOSEPH SIEWICK DRIVE SUITE 307 FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A SWIFT MD DIRECTOR 3650 JOSEPH SIEWICK DRIVE SUITE 307 FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURA P FOLEY MD DIRECTOR 3650 JOSEPH SIEWICK DRIVE SUITE 307 FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN L GLASS MD DIRECTOR 3650 JOSEPH SIEWICK DRIVE SUITE 307 FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JOHN B CLEARY MD	JOHN B CLEARY MD, S/T	6/4/2014
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.