

1.) CORPORATION NAME:

**PULMONARY AND CRITICAL CARE SPECIALISTS  
OFNORTHERN VIRGINIA, P.C.**

DUE DATE: **5/31/2015**

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 110

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                   |                                   |
| CITY/ST/ZIP/CO: | SUITE 307<br>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                   |                                   |
| CITY/ST/ZIP/CO: | SUITE 307<br>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:           | MAURA P FOLEY MD                 |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 3650 JOSEPH SIEWICK DRIVE        |  |
| CITY/ST/ZIP/CO: | SUITE 307<br>FAIRFAX, VA 22033   |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | KEVIN L GLASS MD                 |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 3650 JOSEPH SIEWICK DRIVE        |  |
| CITY/ST/ZIP/CO: | SUITE 307<br>FAIRFAX, VA 22033   |  |

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | THOMAS J LORUSSO MD<br>DIRECTOR<br>3650 JOSEPH SIEWICK DR<br>STE 307<br>FAIRFAX VA, VA 22033  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | MARLA L SHUMAN MD<br>DIRECTOR<br>3650 JOSEPH SIEWICK DRIVE<br>SUITE 307<br>FAIRFAX, VA 22033  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DEPAK SONI MD<br>DIRECTOR<br>3650 JOSEPH SIEWICK DR<br>STE 307<br>FAIRFAX, VA 22033           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | RICHARD A SWIFT MD<br>DIRECTOR<br>3650 JOSEPH SIEWICK DRIVE<br>SUITE 307<br>FAIRFAX, VA 22033 | <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/ GEORGE C BAZACO MD<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | GEORGE C BAZACO MD,<br>PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                          | 9/8/2015<br>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. |   |                                  |  |