

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212502560

1.) CORPORATION NAME:

Mobile Anesthesia Clinical Services, Inc., PC

DUE DATE: **3/31/2012**

SCC ID NO: **04994612**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
CARLTON Q BROWN
507 SPRINGVALE RD
GREAT FALLS, VA 22066**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 507 SPRINGVALE RD

CITY/ST/ZIP: GREAT FALLS, VA 22066-

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: CARLTON BROWN
TITLE: PRESIDENT
ADDRESS: 507 SPRINGVALE ROAD
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: CARLTON BROWN MD
TITLE: SECRETARY
ADDRESS: 507 SPRINGVALE ROAD
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: CARLTON BROWN MD
TITLE: TREASURER
ADDRESS: 507 SPRINGVALE ROAD
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

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.

/s/ CARLTON BROWN MD
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

CARLTON BROWN MD,
SECRETARY
PRINTED NAME AND CORPORATE
TITLE

1/17/2012

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.