

1.) CORPORATION NAME:

PARTNER FOR SURGERY, INC.

DUE DATE: **5/31/2011**

SCC ID NO: **05583232**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
FRANK PETERSON
6804 MELROSE DR
MCLEAN, VA 22101**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6804 MELROSE DRIVE

CITY/ST/ZIP: MCLEAN, VA 22101-0388

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: FRANK B PETERSON
TITLE: PRESIDENT
ADDRESS: 6804 MELROSE DRIVE
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: ROBERT L HAHNE
TITLE: TREASURER
ADDRESS: 2020 HILLSIDE DRIVE
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-

OFFICER

DIRECTOR

NAME: LINDA E PETERSON
TITLE: SECRETARY
ADDRESS: 6804 MELROSE DRIVE
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: JAMES AHLGREN
TITLE: DIRECTOR
ADDRESS: 6800 HAMPSHIRE ROAD
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: TODD M PETERSON
TITLE: DIRECTOR
ADDRESS: 10302 GRANITE CREEK LANE
CITY/ST/ZIP/CO: OAKTON, VA 22124-

OFFICER

DIRECTOR

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRANCISCO VILLEGAN DE LEON	
TITLE:	DIRECTOR	
ADDRESS:	2839 WOODLAND DR. NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20008-2743	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD BUTLER	
TITLE:	DIRECTOR	
ADDRESS:	4720 CHEVY CHASE DR. #303	
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CARYLANN ASSANTE	
TITLE:	DIRECTOR	
ADDRESS:	2040 BROOK SQUARE PLACE	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH GIORDANO	
TITLE:	DIRECTOR	
ADDRESS:	4814 SEDGWICK ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20016-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK WEISCHEDEL	
TITLE:	DIRECTOR	
ADDRESS:	1408 HIDDEN HILL LN	
CITY/ST/ZIP/CO:	VIENNA, VA 22182-1766	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARYBETH HANELINE	
TITLE:	DIRECTOR	
ADDRESS:	1654 WILD PINE WAY	
CITY/ST/ZIP/CO:	RESTON, VA 20194-5600	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICA VAN SCOYOC	
TITLE:	DIRECTOR	
ADDRESS:	131 YARNICK RD	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066-3525	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE EVANS	
TITLE:	DIRECTOR	
ADDRESS:	24870 SWAN RD	
CITY/ST/ZIP/CO:	ST MICHAELS, MD 21663-2320	

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/ FRANK B PETERSON	FRANK B PETERSON, PRESIDENT	4/20/2011
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.