

1.) CORPORATION NAME:

PARTNER FOR SURGERY, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05583232**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA E PETERSON TITLE: SECRETARY ADDRESS: 6804 MELROSE DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT L HAHNE TITLE: DIRECTOR ADDRESS: 2020 HILLSIDE DRIVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES AHLGREN TITLE: DIRECTOR ADDRESS: 6800 HAMPSHIRE ROAD CITY/ST/ZIP/CO: MCLEAN, VA 22101	<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: EDWARD BUTLER TITLE: TREASURER ADDRESS: 4720 CHEVY CHASE DR. #303 CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815	<input checked="" 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	<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: 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: TODD M PETERSON TITLE: DIRECTOR ADDRESS: 10302 GRANITE CREEK LANE CITY/ST/ZIP/CO: OAKTON, VA 22124	<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: 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: 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: Beatriz Coningham TITLE: DIRECTOR ADDRESS: 100 Village Circle Way, apt 1418 CITY/ST/ZIP/CO: Durham, NC 27713	<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/ FRANK B PETERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK B PETERSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/15/2012 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.		