

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213565424

1.) CORPORATION NAME:

**American Board of Imaging Informatics, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PROFESSIONAL INFORMATION CORPORATION  
10105 COTTESMORE CT  
GREAT FALLS, VA**

SCC ID NO: **06782866**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1255 NORTHLAND DR S

CITY/ST/ZIP: ST PAUL, MN 55120

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 checked="" type="checkbox"/> DIRECTOR
NAME:	J. ANTHONY SEIBERT		
TITLE:	CHAIRMAN		
ADDRESS:	UC DAVIS - RADIOLOGY		
	4860 Y STREET, SUITE 3100		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95817		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL DELVECCHIO		
TITLE:	VICE CHAIRMAN		
ADDRESS:	176 ETTRICK ST		
CITY/ST/ZIP/CO:	BROCKTON, MA 02301		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRADLEY J ERICKSON		
TITLE:	DIRECTOR		
ADDRESS:	DEPARTMENT OF RADIOLOGY MAYO E2		
	200 1ST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NANCY FOSTER		
TITLE:	TREASURER		
ADDRESS:	4649 WHITE OAKS LANE		
CITY/ST/ZIP/CO:	ARLINGTON, TN 38002		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD SUSANK		
TITLE:	DIRECTOR		
ADDRESS:	5 FRANKLIN STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD KENNEDY		
TITLE:	DIRECTOR		
ADDRESS:	KAISER PERMANENTE MEDICAL GROUP		
	3200 ARDEN WAY		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95825		

NAME:	COREY WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 NORTH WOLFE STREET		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21287		

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/ J. ANTHONY SEIBERT	J. ANTHONY SEIBERT, CHAIRMAN	2/27/2014
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.