

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211526132

1.) CORPORATION NAME:

**Association for the Advancement of
Medical Instrumentation-I, Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **07312721**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
MARY LOGAN
4301 N FAIRFAX DR STE 301
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4301 N. FAIRFAX DR.
SUITE 301

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: KENNETH MADDOCK
TITLE: DIRECTOR
ADDRESS: 4301 N FAIRFAX DR STE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: TAMMY PELNIK
TITLE: DIRECTOR
ADDRESS: 4301 N FAIRFAX DR STE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: VICKIE SNYDER
TITLE: DIRECTOR
ADDRESS: 4301 N FAIRFAX DR STE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: MARCY PETRINI
TITLE: CHAIRMAN
ADDRESS: 4301 N. FAIRFAX DR.
SUITE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: RAY LAXTON
TITLE: DIRECTOR
ADDRESS: 4301 N. FAIRFAX DR.
SUITE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES SIDEBOTTOM DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES PHIL COGDILL DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID OSBORN DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBER RICHTER DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHANIEL SIMS DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN YELTON DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GLENN SCALES DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL DAVIS-SMITH DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL GORSKI DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEIGHTON HANSEL DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EAMONN HOXEY DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL KELLEY DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LOGAN PRESIDENT 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW WEINGER DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARY LOGAN	MARY LOGAN, PRESIDENT	10/31/2011
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.