

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216501916
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1.) CORPORATION NAME: Alexandria Springfield Emergency Physicians, P.C. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS H CLARK 3570 TUPELO PL ALEXANDRIA, VA	DUE DATE: 1/31/2016 SCC ID NO: 07598303 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>200</td> </tr> <tr> <td>COMB</td> <td>1,800</td> </tr> </table>	CLASS	AUTHORIZED	COMA	200	COMB	1,800
CLASS	AUTHORIZED						
COMA	200						
COMB	1,800						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY							
4.) STATE OR COUNTRY OF INCORPORATION: VA							

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 20010 CENTURY BLVD STE 200 CITY/ST/ZIP: GERMANTOWN, MD 20874	
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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: MARTIN BROWN TITLE: PRESIDENT ADDRESS: 10901 CRIPPLEGATE RD CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS H CLARK TITLE: EXEC SECRETARY ADDRESS: 3570 TUPOELO_PLACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JEREMY GRAF TITLE: EXEC SECRETARY ADDRESS: 11224 INDEPENDENCE WAY CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: LYDIA G HAILE TITLE: EXEC SECRETARY ADDRESS: 12 R STREET N E CITY/ST/ZIP/CO: WASHINGTON, DC 20002	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JACQUELINE POLLOCK TITLE: SECRETARY ADDRESS: 21425 DAVIS MILL RD CITY/ST/ZIP/CO: GERMANTOWN, MD 20876	<input checked="" type="checkbox"/> OFFICER	<input 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/ JACQUELINE POLLOCK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELINE POLLOCK, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/9/2016 DATE
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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.