

1.) CORPORATION NAME:

**THE AMERICAN COLLEGE OF RADIOLOGY**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS R HOFFMAN  
1891 PRESTON WHITE DR  
RESTON, VA**

SCC ID NO: **F0461592**

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:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1891 PRESTON WHITE DR

CITY/ST/ZIP: RESTON, VA 20191-4397

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:	ALBERT L BLUMBERG, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1891 PRESTON WHITE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	GEOFFREY G SMITH, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1891 PRESTON WHITE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	ANNE C ROBERTS, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	1891 PRESTON WHITE DR		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	BIBB ALLEN, JR, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR/BOC		
ADDRESS:	1891 PRESTON WHITE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	PAUL H ELLENBOGEN, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR/BOC		
ADDRESS:	1891 PRESTON WHITE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	KIMBERLY E APPLGATE, MD, MS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SPEAKER		
ADDRESS:	1891 PRESTON WHITE DR		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD I BLUTH, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A BRINK, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERI L CANON, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP S COOK, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD D DODD, III, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BURTON P DRAYER, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD B FLEISHON, MD, MMM DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GEISE, PhD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T HERRINGTON, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE J HILLMAN, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A.S. JOHNSTONE, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN D KAYE, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C KUSHNER, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH LEVINE, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE A LIEBSCHER, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN S LEWIN, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATARZYNA J MACURA, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALDINE McGINTY, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN C MELTZER, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA MONSEES, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA MONTICCIOLO, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M ELIZABETH OATES, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SETH A ROSENTHAL, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTA HERNANZ SCHULMAN, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA S SHERRY, MD DIRECTOR 1891 PRESTON WHITE DR RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM D MILLER, MD CAR OBSERVER 1891 PRESTON WHITE DR RESTON, VA 20191	<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/ ALBERT L BLUMBERG, MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALBERT L BLUMBERG, MD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/29/2013 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.			