

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212510163

1.) CORPORATION NAME:

**CBIZ Medical Management Northeast, Inc.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1739517**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5959 SHALLOWFORD ROAD

CITY/ST/ZIP: CHATTANOOGA, TN 37421

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 type="checkbox"/> DIRECTOR
NAME:	DARRELL HULSEY		
TITLE:	PRESIDENT		
ADDRESS:	5959 SHALLOWFORD ROAD STE 575		
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37421		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEROME P GRISKO JR		
TITLE:	D/EX VP		
ADDRESS:	6050 OAK TREE BLVD STE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRUCE J KOWALSKI		
TITLE:	VICE PRESIDENT		
ADDRESS:	6050 OAK TREE BLVD STE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD L SUGGS JR		
TITLE:	EX VP		
ADDRESS:	818 A1A N, SUITE 500		
CITY/ST/ZIP/CO:	PONTE VEDRA, FL 32082		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL W GLEESPEN		
TITLE:	SECRETARY		
ADDRESS:	6050 OAK TREE BLVD., SUITE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KELLY J MAREK		
TITLE:	TREASURER		
ADDRESS:	6050 OAK TREE BLVD STE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

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.

<u>/s/ MICHAEL W GLEESPEN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MICHAEL W GLEESPEN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>3/23/2012</u> 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.