

1.) CORPORATION NAME:

CARILION NEW RIVER VALLEY MEDICAL CENTER

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRIGGS W ANDREWS
CARILION HEALTH SYSTEM 213 S JEFFERSON ST
STE 720 / PO BOX 40032**

SCC ID NO: **00479956**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA 24022-32

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2900 LAMB CIRCLE

CITY/ST/ZIP: CHRISTIANSBURG, VA 24073

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:	RACHEL MABE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3335 FOREST COURT		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	JOSEPH L. SHEFFEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7270 FALLING BRANCH ROAD		
CITY/ST/ZIP/CO:	P.O. BOX 56 NEW RIVER, VA 24129		
NAME:	Charles Bissell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1660 Turnberry Lane		
CITY/ST/ZIP/CO:	Riner, VA 24149		
NAME:	Carolyn Brown	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SecretaryTreasu		
ADDRESS:	6644 Camelot Road		
CITY/ST/ZIP/CO:	Radford, VA 24141		
NAME:	Larry Hincker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 Deercroft Drive		
CITY/ST/ZIP/CO:	Blacksburg, VA 24060		
NAME:	Todd M Murray	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5003 Tall Oaks Drive		
CITY/ST/ZIP/CO:	Blacksburg, VA 24060		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John S Piatkowski PRESIDENT 2900 Lamb Circle Christiansburg, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Frederic A Rawlins II DIRECTOR 8326 Sawgrass Way Radford, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffery Reed DIRECTOR 448 Depot St Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark B Rogers DIRECTOR 3006 Millwood Lane Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Scartelli VICE CHAIRMAN 501 Randolph St Radford , VA 24141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas R Starnes DIRECTOR 99 7th St Radford, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara C Turk DIRECTOR 1405 Madison St Radford, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Leslie Badillo M D Chief Med Staff 3710 Eaglebrook Road Christiansburg , VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christinan Whitaker DIRECTOR 1011 Falls Rldge Christiansburg, VA 24073	<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.

<u>/s/ RACHEL MABE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>RACHEL MABE, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/7/2013</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.