

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:	JOHN S PIATKOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2900 LAMB CIRCLE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		

NAME:	CAROLYN BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREASU		
ADDRESS:	6644 CAMELOT ROAD		
CITY/ST/ZIP/CO:	RADFORD, VA 24141		

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:	JOSEPH SCARTELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	501 RANDOLPH ST		
CITY/ST/ZIP/CO:	RADFORD, VA 24141		

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:	LESLIE BADILLO M D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3710 EAGLEBROOK ROAD		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		

NAME: CHARLES BISSELL TITLE: DIRECTOR ADDRESS: 1660 TURNBERRY LANE CITY/ST/ZIP/CO: RINER, VA 24149	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY HINCKER TITLE: DIRECTOR ADDRESS: 215 DEERCROFT DRIVE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FREDERIC A RAWLINS II TITLE: DIRECTOR ADDRESS: 8326 SAWGRASS WAY CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFERY REED TITLE: DIRECTOR ADDRESS: 448 DEPOT ST CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK B ROGERS TITLE: DIRECTOR ADDRESS: 3006 MILLWOOD LANE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH L. SHEFFEY TITLE: DIRECTOR ADDRESS: 7270 FALLING BRANCH ROAD P.O. BOX 56 CITY/ST/ZIP/CO: NEW RIVER, VA 24129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS R STARNES TITLE: DIRECTOR ADDRESS: 99 7TH ST CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA C TURK TITLE: DIRECTOR ADDRESS: 1405 MADISON ST CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINA WHITAKER TITLE: DIRECTOR ADDRESS: 1011 FALLS RIDGE CITY/ST/ZIP/CO: 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.

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

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.