

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214501538

1.) CORPORATION NAME:

**CARILION NEW RIVER VALLEY MEDICAL CENTER**

DUE DATE: **2/28/2014**

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**

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.

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

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TODD M MURRAY		
TITLE:	DIRECTOR		
ADDRESS:	5003 TALL OAKS DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		

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

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RACHEL MABE		
TITLE:	ASST SECRETARY		
ADDRESS:	3335 FOREST COURT		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES BISSELL		
TITLE:	Chief Med Staff		
ADDRESS:	1660 TURNBERRY LANE		
CITY/ST/ZIP/CO:	RINER, VA 24149		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY HINCKER		
TITLE:	Sec/Treasurer		
ADDRESS:	215 DEERCROFT DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		

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:                    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
NAME:                    Nathaniel L Bishop TITLE:                    DIRECTOR ADDRESS:                8310 Cardington Drive CITY/ST/ZIP/CO:        Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    William J Flattery TITLE:                    PRESIDENT ADDRESS:                2900 Lamb Circle CITY/ST/ZIP/CO:        Christiansburg, VA 24073	<input checked="" 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL MABE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/20/2013 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.		