

1.) CORPORATION NAME:

CARILION FRANKLIN MEMORIAL HOSPITAL

DUE DATE: **7/31/2014**

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: **00555912**

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: 180 FLOYD AVE

CITY/ST/ZIP: ROCKY MOUNT, VA 24151

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:	RONALD C. EVANS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	545 RIVERBEND DRIVE		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	CHRISTINE BARRETT, M.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES MED STAFF		
ADDRESS:	CARILION FRANKLIN MEMORIAL HOSPITAL		
CITY/ST/ZIP/CO:	180 FLOYD AVENUE ROCKY MOUNT, VA 24151		
NAME:	VICTORIA L. GARDNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	201 TIKI TERRACE		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		
NAME:	WILLIAM D. JACOBSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	CARILION FRANKLIN MEMORIAL HOSPITAL		
CITY/ST/ZIP/CO:	180 FLOYD AVENUE ROCKY MOUNT, VA 24151		
NAME:	DONALD B HALLIWILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6140 MORNING GLORY DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012		
NAME:	MARK CHURCH, PH.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1125 BLUEWATER DRIVE		
CITY/ST/ZIP/CO:	MONETA, VA 24121		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FLORELLA JOHNSON DIRECTOR 97 WESTWARD ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R. KINGERY, JR. DIRECTOR 580 KIN VALE ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE A. PETERS DIRECTOR 365 PETERS PIKE ROAD WIRTZ, VA 24184	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF POWELL DIRECTOR 260 WEAVER STREET ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANIL SUWAL, M.D. DIRECTOR 30 BROOKSHIRE DRIVE ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN C. ARNER DIRECTOR 3602 LARSON OAKS DRIVE ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAUREN J. CHEN ASST SECRETARY 2067 LEE HI ROAD SW ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. ROBERT VAUGHAN, JR. ASST TREASURER 147 BOGEY LANE SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input 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/ LAUREN J.CHEN	LAUREN J.CHEN,	6/24/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.