

1.) CORPORATION NAME:

BEDFORD MEMORIAL HOSPITAL

DUE DATE: **3/31/2013**

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: **00609073**

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: 1613 OAKWOOD ST

CITY/ST/ZIP: BEDFORD, VA 24523

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:	PATSY DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	107 SPRING HILL CIRCLE		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

NAME:	PATTI JURKUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREASURER		
ADDRESS:	207 SPRINGHILL CIRCLE		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

NAME:	GUY E MURRAY JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1017 HAMPTON RIDGE		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

NAME:	RACHEL L 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:	DAVID D ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 RIVERMONT AVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	LEWIS ADDISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1920 ATHERHOLT ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24523		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANNIE ARMENTROUT DIRECTOR 8310 CARDINGTON DRIVE ROANOKE, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A BOND DIRECTOR 530 WESTVIEW AVE BEDFORD, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL BRYANT DIRECTOR 4900 MOUNTAIN LAUREL DRIVE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN BUCHANAN M D DIRECTOR 1710 WHITFIELD DRIVE BEDFORD, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL DAVENPORT DIRECTOR 5733 SALISBURY DRIVE ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD B HALLIWILL DIRECTOR 6140 MORNING GLORY DRIVE ROANOKE, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY B HELLEWELL M D DIRECTOR 1515 PARKLAND PL LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN JACQUES DIRECTOR 104 FAIRFAX COURT LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR TOM C JVIDEN DIRECTOR 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES KOLAKOWSKI DIRECTOR 930 ASHLAND AVENUE BEDFORD, VA 24253	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LEMASTER DIRECTOR 1432 HIGH ACRE RD BEDFORD, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN R MACK TITLE: DIRECTOR ADDRESS: 2149 POWELL SCHOOL RD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CURTIS E MILLS TITLE: DIRECTOR ADDRESS: 3317 YELLOW MOUNTAIN RD CITY/ST/ZIP/CO: APT. 110 ROANOKE, VA 24014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MELINA D PERDUE TITLE: DIRECTOR ADDRESS: 2125 YELLOW MT RD CITY/ST/ZIP/CO: APT 307 ROANOKE, VA 24014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CONSUELLA WOODS TITLE: DIRECTOR ADDRESS: 213 ST. ANDREWS CIRCLE CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<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 L MABE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL L MABE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/7/2013 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.		