

SCC eFile

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

214504038

1.) CORPORATION NAME:

BEDFORD MEMORIAL HOSPITAL

DUE DATE: **3/31/2014**

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: **00609073**

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: 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:	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:	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:	1900 Tate Springs Road		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

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:	JOHN A BOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	530 WESTVIEW AVE		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

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 ASST TREASURER 6140 MORNING GLORY DRIVE ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input 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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R MACK DIRECTOR 2149 POWELL SCHOOL RD BIG ISLAND, VA 24526	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONSUELLA WOODS DIRECTOR 213 ST. ANDREWS CIRCLE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. Wayne Gandee, M.D. DIRECTOR 1906 Belleview Avenue Roanoke, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John M Kerr, M.D. Chief Med Staff 1615 B Oakwood St Bedford, VA 24523	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amanda Stanley DIRECTOR 516 Westview Avenue Bedford, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Melina D Perdue TITLE: DIRECTOR ADDRESS: 1906 Belleview Avenue CITY/ST/ZIP/CO: Roanoke, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deborah A Shipman TITLE: DIRECTOR ADDRESS: 3300 Rivermont Avenue CITY/ST/ZIP/CO: Lynchburg, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Cynthia P Smith TITLE: DIRECTOR ADDRESS: 1906 Belleview Avenue CITY/ST/ZIP/CO: Roanoke, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Theodore Stryker TITLE: DIRECTOR ADDRESS: 3300 Rivermont Avenue CITY/ST/ZIP/CO: Lynchburg, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: George Robert Vaughan, Jr. TITLE: DIRECTOR ADDRESS: 213 S Jefferson St., Ste. 801 CITY/ST/ZIP/CO: Roanoke, VA 24011	<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	1/16/2014 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.		