

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

**Norton Community Hospital**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00674861**

**FREDDIE E MULLINS  
256 COLLEY SHOPPING CENTER  
PO BOX 951**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CLINTWOOD, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**DICKENSON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 15TH ST NW

CITY/ST/ZIP: NORTON, VA 24273

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: ROBERT LEONARD TITLE: SECRETARY ADDRESS: PO BOX 555 CITY/ST/ZIP/CO: NORTON, VA 24273	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES WARD TITLE: VICE CHAIRMAN ADDRESS: 110 PROSPECT AVE CITY/ST/ZIP/CO: COEBURN, VA 24230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BUFORD STURGILL TITLE: DIRECTOR ADDRESS: PO BOX 1068 CITY/ST/ZIP/CO: WISE, VA 24293	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM WAMPLER TITLE: DIRECTOR ADDRESS: 599 MARS ST PO BOX 950 CITY/ST/ZIP/CO: WISE, VA 24293	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ann Fleming TITLE: CHAIRMAN ADDRESS: 400 North State of Franklin Rd CITY/ST/ZIP/CO: Johnson City, TN 37604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Willie Price-Harris TITLE: DIRECTOR ADDRESS: PO Box 950 CITY/ST/ZIP/CO: Wise, VA 24293	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: John Wright TITLE: DIRECTOR ADDRESS: 96 15th St NW Suite 101 CITY/ST/ZIP/CO: Norton, VA 24273	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Matthew Cusano TITLE: DIRECTOR ADDRESS: 100 15th St, NW CITY/ST/ZIP/CO: Norton, VA 24273	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: James Manicure TITLE: DIRECTOR ADDRESS: PO Box 363 CITY/ST/ZIP/CO: Wise, VA 24293	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John Doyle TITLE: DIRECTOR ADDRESS: 400 North State of Franklin Rd CITY/ST/ZIP/CO: Johnson City, TN 37604	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Charles H Slemp, III TITLE: DIRECTOR ADDRESS: PO Box 3964 CITY/ST/ZIP/CO: wise, VA 24293	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Marvin Eichorn TITLE: DIRECTOR ADDRESS: 400 North State of Franklin Rd CITY/ST/ZIP/CO: Johnson City, TN 37604	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Sandra Brooks TITLE: DIRECTOR ADDRESS: 400 North State of Franklin Rd CITY/ST/ZIP/CO: Johnson City, TN 37604	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mark Leonard TITLE: CEO ADDRESS: 100 15th St, NW CITY/ST/ZIP/CO: NORTON, VA 24273	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Stephen Sawyer TITLE: CFO ADDRESS: 100 15th St, NW CITY/ST/ZIP/CO: NORTON, VA 24273	<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/ CHARLES WARD	CHARLES WARD, VICE CHAIRMAN	8/23/2013
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.