

1.) CORPORATION NAME:

Culpeper Memorial Hospital, Incorporated

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT C HUDSON
115 S WEST ST
CULPEPER, VA 22701**

SCC ID NO: **00743336**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CULPEPER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 SUNSET LN
PO BOX 592

CITY/ST/ZIP: CULPEPER, VA 22701

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:	H LEE KIRK JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT /CEO		
ADDRESS:	PO BOX 592		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	BILL CANNON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	762 MADISON RD, STE 205		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	MICHAEL ARMM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PST BOARD CHAIR		
ADDRESS:	8091 KATHLEEN CT		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	CHARLES CRIST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	215 W. ASHER ST.		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	CONSTANCE KINCHELOE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18039 BIRMINGHAM ROAD		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	DR. THOMAS E. REYNOLDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	CULPEPER FAMILY PRACTICE 1200 SUNSET LANE, SUITE 2210		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON CLARK DIRECTOR PO BOX 1055 CULPEPER, VA 22701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. ROBERT A. ROSEN DIRECTOR CULPEPER REGIONAL HOSPITAL 501 SUNSET LANE CULPEPER, VA 22701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ H LEE KIRK JR</u>	<u>H LEE KIRK JR, PRESIDENT /CEO</u>	<u>1/17/2013</u>
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.