

1.) CORPORATION NAME:

CARILION MEDICAL CENTER

DUE DATE: **4/9/2012**

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: **00853481**

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: 1906 BELLEVIEW AVENUE

CITY/ST/ZIP: ROANOKE, VA 24014

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:	NANCY HOWELL AGEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	802 CHERRYWOOD RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	BRIGGS W ANDREWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3215 GRANDIN RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	DONALD E LORTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1141 WINDY HILL RD		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		
NAME:	STEVE R BLANKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2006 KNOLLWOOD RD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	GEORGE B CARTLEDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	302 WILLOW OAK DR SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	ELIZABETH S DOUGHTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4328 FOX CROFT CIRCLE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. WAYNE GANDEE, M.D. CHIEF MED OFF 3271 ALLENDALE ST SW ROANOKE, VA 24014	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTOR IANNELLO DIRECTOR 3870 PINEY RIDGE DR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNDA ANN JOHNSON, M.D. DIRECTOR 111 CAMPBELL AVE SW ROANOKE, VA 24011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN A MUSSELWHITE DIRECTOR 324 BUSH DRIVE VINTON, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFFORD A NOTTINGHAM DIRECTOR 3214 ALLENDALE ST SW ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP T SHINER, M.D. DIRECTOR 4965 TOPPING HILL DR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES S CAIN M D DIRECTOR 2629 CAROLINA AVE SW ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ONZLEE WARE DIRECTOR 1837 GRAYSON AVE NW ROANOKE, VA 24017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH E WHATLEY, III, M.D. DIRECTOR 85 STONELEDGE DRIVE ROANOKE, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICE WEISS, M.D. DIRECTOR 6769 HIDDEN WOODS DRIVE ROANOKE , VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAXINE LEE, M.D. VP MED AFFAIRS 5432 WOODCHUCK LANE ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHEL L MABE ASST SECRETARY 3335 FOREST CT ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE ROBERT VAUGHAN, JR. ASST TREASURER 147 BOGEY LANE SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input 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.

/s/ RACHEL LMABE	RACHEL LMABE,	4/9/2012
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.