

1.) CORPORATION NAME:

**CARILION MEDICAL CENTER**

DUE DATE: **4/5/2013**

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: **00853481**

5.) STOCK INFORMATION

|       |            |
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| 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: 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.

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|-----------------|----------------------------|---|--|
| NAME:           | NANCY HOWELL AGEE          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                  |   |  |
| ADDRESS:        | 802 CHERRYWOOD RD          |   |  |
| CITY/ST/ZIP/CO: | SALEM, VA 24153            |   |  |
| NAME:           | MAXINE LEE, M.D.           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | VP MED AFFAIRS             |   |  |
| ADDRESS:        | 5432 WOODCHUCK LANE        |   |  |
| CITY/ST/ZIP/CO: | ROANOKE, VA 24018          |   |  |
| NAME:           | GEORGE ROBERT VAUGHAN, JR. | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | TREASURER                  |   |  |
| ADDRESS:        | 147 BOGEY LANE             |   |  |
| 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:           | R. WAYNE GANDEE, M.D.      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | CHIEF MED OFF              |   |  |
| ADDRESS:        | 3271 ALLENDALE ST SW       |   |  |
| CITY/ST/ZIP/CO: | ROANOKE, VA 24014          |   |  |
| 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          |   |  |

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| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JAMES S CAIN M D<br>DIRECTOR<br>2629 CAROLINA AVE SW<br>ROANOKE, VA 24014          | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | GEORGE B CARTLEDGE<br>DIRECTOR<br>302 WILLOW OAK DR SW<br>ROANOKE, VA 24014        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ELIZABETH S DOUGHTY<br>DIRECTOR<br>4328 FOX CROFT CIRCLE<br>ROANOKE, VA 24018      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | VICTOR IANNELLO<br>DIRECTOR<br>3870 PINEY RIDGE DR<br>ROANOKE, VA 24018            | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CYNDA ANN JOHNSON, M.D.<br>DIRECTOR<br>111 CAMPBELL AVE SW<br>ROANOKE, VA 24011    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | STEPHEN A MUSSELWHITE<br>DIRECTOR<br>324 BUSH DRIVE<br>VINTON, VA 24179            | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CLIFFORD A NOTTINGHAM<br>DIRECTOR<br>3214 ALLENDALE ST SW<br>ROANOKE, VA 24014     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | PATRICE WEISS, M.D.<br>DIRECTOR<br>6769 HIDDEN WOODS DRIVE<br>ROANOKE, VA 24018    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | RALPH E WHATLEY, III, M.D.<br>DIRECTOR<br>85 STONELEDGE DRIVE<br>ROANOKE, VA 24019 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOHN H BURTON<br>DIRECTOR<br>200 ASHBY DR<br>Roanoke, VA 24083                     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAVID B CARSON<br>DIRECTOR<br>3037 CAROLINA AVE SW<br>Roanoke, VA 24014            | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DAMON WILLIAMS<br>DIRECTOR<br>2618 CHARING CROSS DR<br>Roanoke, VA 24018           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DONALD B HALLIWILL<br>ASST TREASURER<br>6140 MORNING GLORY DR<br>Roanoke, VA 24019 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | LAUREN J CHEN<br>ASST SECRETARY<br>2067 Lee Hi Rd SW<br>Roanoke, VA 24018          | <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/ BRIGGS W ANDREWS<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | BRIGGS W ANDREWS,<br>SECRETARY<br>PRINTED NAME AND CORPORATE TITLE                 | 4/5/2013<br>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. |  |   |  |