

1.) CORPORATION NAME:

**CARILION MEDICAL CENTER**

DUE DATE: **4/1/2014**

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: **00853481**

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: 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 checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	802 CHERRYWOOD RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	DONALD B HALLIWILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6140 MORNING GLORY DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
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:	LAUREN J CHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2067 LEE HI RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN H BURTON DIRECTOR 200 ASHBY DR ROANOKE, VA 24083	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B CARSON DIRECTOR 3037 CAROLINA AVE SW ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE B CARTLEDGE DIRECTOR 302 WILLOW OAK DR SW ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH S DOUGHTY DIRECTOR 4328 FOX CROFT CIRCLE ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" 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:	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:	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:	DAMON WILLIAMS DIRECTOR 2618 CHARING CROSS DR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVE ARNER TITLE: PRESIDENT ADDRESS: 1906 BELLEVIEW AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24011	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TRACY CRISS MD TITLE: PRESIDENT ADDRESS: 1906 BELLEVIEW AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" 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.

/s/ BRIGGS W ANDREWS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIGGS W ANDREWS, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/1/2014 DATE
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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.