

1.) CORPORATION NAME:

CARILION CLINIC

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

BRIGGS W ANDREWS

213 S JEFFERSON ST STE 720

PO BOX 40032

ROANOKE, VA 24022-32

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **12/31/2011**

SCC ID NO: **02249027**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 213 S JEFFERSON ST STE 720
P O BOX 40032

CITY/ST/ZIP: ROANOKE, VA 24022-0032

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: DONALD E LORTON
TITLE: TREASURER
ADDRESS: 1141 WINDY HILL ROAD
CITY/ST/ZIP/CO: GOODVIEW, VA 24095-

OFFICER

DIRECTOR

NAME: BRIGGS W. ANDREWS
TITLE: SECRETARY
ADDRESS: 3215 GRANDIN RD SW
CITY/ST/ZIP/CO: ROANOKE, VA 24018-

OFFICER

DIRECTOR

NAME: DANIEL R JONES MD
TITLE: DIRECTOR
ADDRESS: 1069 SPRINKLE ROAD
CITY/ST/ZIP/CO: FINCASTLE, VA 24090-

OFFICER

DIRECTOR

NAME: NANCY HOWELL AGEE
TITLE: PRESIDENT
ADDRESS: 802 CHERRYWOOD RD
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: JOHN A BOND
TITLE: DIRECTOR
ADDRESS: 530 WESTVIEW AVE
CITY/ST/ZIP/CO: BEDFORD, VA 24523-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J ALEXANDER BOONE DIRECTOR 3309 SAMMERCROFT CT SW ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABNEY S BOXLEY, III DIRECTOR 301 WILLOW OAK DR ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE B CARTLEDGE JR DIRECTOR 3101 SOMERSET ST SW ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L CAUDILL DIRECTOR 321 SPINNAKER SAIL CT MONETA, VA 24121-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARNER DALHOUSE DIRECTOR 460 TRANQUILITY RD MONETA, VA 24121-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD C EVANS DIRECTOR 545 RIVERBEND DR ROCKY MOUNT, VA 24151-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A HARTLEY CHAIRMAN P O BOX 374 PEARISBURG, VA 24134-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND D SMOOT JR DIRECTOR 1447 LUSTERS GATE RD BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M TURNER JR DIRECTOR 2405 WYCLIFFE AVE SW ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM WHITE SR DIRECTOR 3698 PARTRIDGE LN NW ROANOKE, VA 24017-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DANIELLE H YARBER
TITLE: DIRECTOR
ADDRESS: 8213 WINTERWOOD TR
CITY/ST/ZIP/CO: ROANOKE, VA 24018-

OFFICER

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 _____ BRIGGS W. ANDREWS, _____ 10/26/2011
SIGNATURE OF DIRECTOR/OFFICER SECRETARY DATE
LISTED IN THIS REPORT PRINTED NAME AND CORPORATE
TITLE

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.