

1.) CORPORATION NAME:

DUE DATE: **12/31/2012**

CARILION CLINIC

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02249027**

**BRIGGS W ANDREWS
CARILION 213 S JEFFERSON ST STE 720
PO BOX 40032**

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: 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:	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:	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 ROAD		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		

NAME:	JAMES A HARTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	P O BOX 374		
CITY/ST/ZIP/CO:	PEARISBURG, VA 24134		

NAME:	JOHN A BOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	530 WESTVIEW AVE		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

NAME:	J ALEXANDER BOONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3309 SAMMERCROFT CT SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		

NAME:	ABNEY S BOXLEY, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	301 WILLOW OAK DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	GEORGE B CARTLEDGE JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3101 SOMERSET ST SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	RONALD C EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	545 RIVERBEND DR		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	DANIEL R JONES MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1069 SPRINKLE ROAD		
CITY/ST/ZIP/CO:	FINCASTLE, VA 24090		
NAME:	RAYMOND D SMOOT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1447 LUSTERS GATE RD		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	JAMES M TURNER JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2405 WYCLIFFE AVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	WILLIAM WHITE SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3698 PARTRIDGE LN NW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24017		
NAME:	DANIELLE H YARBER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8213 WINTERWOOD TR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	R Steve Blanks	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2006 Knollwood Rd		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		
NAME:	Victor Iannello	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3870 Piney Ridge Dr		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		
NAME:	James C Thompson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O Box 298		
CITY/ST/ZIP/CO:	Tazewell, VA 24651		

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/ BRIGGS W. ANDREWS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BRIGGS W. ANDREWS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/25/2012</u> 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.