

1.) CORPORATION NAME:

**CARILION CLINIC**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **02249027**

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: 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:	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:	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:	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:	5826 SALISBURY DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

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:	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:	VICTOR IANNELLO, SC.D. DIRECTOR 3870 PINEY RIDGE DR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL R JONES MD DIRECTOR 1069 SPRINKLE ROAD FINCASTLE, VA 24090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND D SMOOT, JR., PH.D. 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 C THOMPSON DIRECTOR P O BOX 298 TAZEWELL, VA 24651	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M TURNER JR DIRECTOR 2715 STEPHENSON AVENUE 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIELLE H YARBER DIRECTOR 8213 WINTERWOOD TR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURENT BOETSCH, D.M.L. DIRECTOR 410 HONEYSUCKLE HILL LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. ROBERT VAUGHAN, JR. TREASURER 147 BOGEY LANE SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD B. HALLIWILL ASST TREASURER 6140 MORNING GLORY DRIVE ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S. HAGADORN ASST TREASURER 5138 MEADOW VALLEY CIRCLE ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAUREN J. CHEN ASST SECRETARY 2067 LEE HI ROAD SW ROANOKE, VA 24018	<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/ LAUREN J.CHEN	LAUREN J.CHEN,	12/4/2013
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.