

1.) CORPORATION NAME:

Culpeper Regional Health System

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**H LEE KIRK JR
501 SUNSET LN
PO BOX 592**

SCC ID NO: **02582591**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

CULPEPER, VA 22701

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CULPEPER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 592
501 SUNSET LN

CITY/ST/ZIP: CULPEPER, VA 22701

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:	H LEE KIRK JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 592		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		

NAME:	CONNIE KINCHELOE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18039 BIRMINGHAM ROAD		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		

NAME:	THOMAS REYNOLDS MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1200 SUNSET LN		
CITY/ST/ZIP/CO:	STE 2210 CULPEPER, VA 22701		

NAME:	Charles Crist	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	215 W. Asher St.		
CITY/ST/ZIP/CO:	Culpeper, VA 22701		

NAME:	William Cannon, Jr.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Cannon Properties		
CITY/ST/ZIP/CO:	763 Madison Rd, Suite 205 Culpeper, VA 22701		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Rosen, M.D. Board Member Culpeper Regional Hospital 501 Sunset Lane Culpeper, VA 22701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Armm Past Chairman 8091 Kathleene Ct Culpeper, VA 22701	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ H LEE KIRK JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	H LEE KIRK JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/13/2012 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.			