

1.) CORPORATION NAME:

DUE DATE: **7/31/2013**

**Culpeper Regional Health System**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02582591**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CULPEPER, VA**

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:	MICHAEL ARMM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIRMAN		
ADDRESS:	8091 KATHLEENE CT		
CITY/ST/ZIP/CO:	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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ROSEN, M.D. DIRECTOR 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:	CHARLES BARRELL TREASURER 122 W. CAMERON ST PO Box 1147 CULPEPER, VA 22701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON CLARK BOARD MEMBER PO BOX 1055 CULPEPER, VA 22701	<input 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	5/17/2013 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.			