

1.) CORPORATION NAME:

CARILION HEALTHCARE CORPORATION

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **03755279**

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 STREET SUITE 720
PO 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:	R WAYNE GANDEE, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3271 ALLENDALE ST SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
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:	NANCY HOWELL AGEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	802 CHERRYWOOD RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	Melina D Perdue	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2125 Yellow Mountain Rd		
CITY/ST/ZIP/CO:	Apt 307 Roanoke, VA 24014		
NAME:	Michael P Jeremiah, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 Riverside Circle		
CITY/ST/ZIP/CO:	Roanoke, VA 24016		
NAME:	Donna M Littlepage	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O Box 25		
CITY/ST/ZIP/CO:	Roanoke, VA 24002		

NAME: G Robert Vaughan TITLE: TREASURER ADDRESS: 147 Bogey Lane CITY/ST/ZIP/CO: Salem, VA 24153	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Donald B Halliwill TITLE: ASST TREASURER ADDRESS: 6140 Morning Glory Dr CITY/ST/ZIP/CO: Roanoke, VA 24012	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Lauren J Chen TITLE: ASST SECRETARY ADDRESS: 2067 Lee Hi Rd SW CITY/ST/ZIP/CO: Roanoke, VA 24018	<input checked="" type="checkbox"/> OFFICER <input 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/ BRIGGS W ANDREWS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIGGS W ANDREWS, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/5/2013 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.		