

1.) CORPORATION NAME:

CARILION HEALTHCARE CORPORATION

DUE DATE: **5/31/2014**

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**

ROANOKE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

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:	DONALD B HALLIWILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6140 MORNING GLORY DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012		

NAME:	G ROBERT VAUGHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	147 BOGEY LANE		
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:	LAUREN J CHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2067 LEE HI RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	NANCY HOWELL AGEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	802 CHERRYWOOD RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	MICHAEL P JEREMIAH, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 RIVERSIDE CIRCLE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		

NAME: DONNA M LITTLEPAGE TITLE: DIRECTOR ADDRESS: P O BOX 25 CITY/ST/ZIP/CO: ROANOKE, VA 24002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MELINA D PERDUE TITLE: DIRECTOR ADDRESS: 2125 YELLOW MOUNTAIN ROAD SE CITY/ST/ZIP/CO: APT 307 ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID S HAGADORN TITLE: ASST TREASURER ADDRESS: 5138 MEADOW VALLEY CIRCLE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICE M WEISS, MD TITLE: DIRECTOR ADDRESS: 2125 YELLOW MOUNTAIN ROAD SE CITY/ST/ZIP/CO: APT 313 ROANOKE, VA 24014	<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/ LAUREN J CHEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAUREN J CHEN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/13/2014 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.		