

1.) CORPORATION NAME:

STONE MOUNTAIN HEALTH SERVICES, INCORPORATED

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GREGORY D EDWARDS
MAIN STREET
PO DRAWER 5**

SCC ID NO: **03769841**

ST CHARLES, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 900
CITY/ST/ZIP: ST PAUL, VA 24283

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:	BETTY ROSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	O/S/T/D		
ADDRESS:	1189 Johnson Settlement Road		
CITY/ST/ZIP/CO:	Castlewood, VA 24224		
NAME:	ALETA L SPICER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	27050 SHORTSVILLE ROAD		
CITY/ST/ZIP/CO:	ABINGDON, VA 24210		
NAME:	YVONNE YORKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 37		
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224		
NAME:	DANNY BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 4		
CITY/ST/ZIP/CO:	ST PAUL, VA 24283		
NAME:	ERNEST KENNEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 202		
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224		
NAME:	MELODY BURKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	63 Church Street		
CITY/ST/ZIP/CO:	Castlewood, VA 24224		

NAME: LINDA ROBINSON TITLE: DIRECTOR ADDRESS: 1005 Memorial Drive CITY/ST/ZIP/CO: Castlewood, VA 24224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TERRI BUSH TITLE: DIRECTOR ADDRESS: P. O. Box 692 CITY/ST/ZIP/CO: Castlewood, VA 24224	<input type="checkbox"/> OFFICER	<input checked="" 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/ BETTY ROSE	BETTY ROSE, O/S/T/D	6/24/2013
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.