

1.) CORPORATION NAME:

**SOUTHWEST VIRGINIA AREA HEALTH EDUCATION
CENTER**

DUE DATE: **4/30/2012**

SCC ID NO: **04079836**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
HOWARD CHAPMAN
TRI-AREA COMMUNITY HEALTH
14588 DANVILLE PIKE**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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LAUREL FORK, VA 24235

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CARROLL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TRI-AREA COMMUNITY HEALTH
14588 DANVILLE PIKE

CITY/ST/ZIP: LAUREL FORK, VA 24235-

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: RENNIE ATKINS RPH
TITLE: DIRECTOR
ADDRESS: JOHNSTON MEMORIAL HOSPITAL
351 COURT ST NE
CITY/ST/ZIP/CO: ABINGDON, VA 24210-

OFFICER DIRECTOR

NAME: BRUCE BENNARD PHD
TITLE: DIRECTOR
ADDRESS: DEPT OF FAMILY MEDICINE-ETSU
BOX 70621
CITY/ST/ZIP/CO: JOHNSON CITY, TN 37614-0621

OFFICER DIRECTOR

NAME: HOWARD CHAPMAN
TITLE: CHAIRMAN
ADDRESS: TRI-AREA COMMUNITY HEALTH
14588 DANVILLE PIKE
CITY/ST/ZIP/CO: LAUREL FORK, VA 24235-

OFFICER DIRECTOR

NAME: JOHN DREYZEHNER MD MPH
TITLE: VICE CHAIRMAN
ADDRESS: TENNESSE DEPARTMENT OF HEALTH
425 FIFTH AVENUE NORTH
CITY/ST/ZIP/CO: NASHVILLE, TN 37423-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM TOWNSEND MD DIRECTOR ETSU DEPT OF FAMILY MEDICINE 208 MEDICAL PARK BLVD BRISTOL, TN 37620-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGIE TUCKER, PH.D. Sec/Treasurer UVA-WISE 1 COLLEGE AVENUE WISE, VA 24293-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE BENNARD, PH.D. DIRECTOR ETSU P.O. BOX 70621 JOHNSON CITY, TN 37614-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JODY BENTLEY, D.O. DIRECTOR COMMUNITY CLINIC 716 SPRING AVE NE WISE, VA 24293-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE CANTRELL, M.D. DIRECTOR LENOWISCO HEALTH DISTRICT 134 ROBERTS ST NW WISE, VA 24293-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN COALE, R.D. DIRECTOR 1015 HIGHLAND CIRCLE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN EASTON, M.D. DIRECTOR C-HEALTH 495 E MAIN ST LEBANON, VA 24266-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER HOFFORD, M.D. DIRECTOR CARILION CLINIC FAMILY MEDICINE RESIDENCY 1314 PETERS CREEK RD ROANOKE, VA 24017-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDY HUGUENIN, PH.D. DIRECTOR UVA-WISE 1 COLLEGE AVENUE WISE, VA 24293-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY LAWSON DIRECTOR MEOC 1501 THIRD AVE E. BIG STONE GAP, VA 24219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW LOCKMAN, M.D. DIRECTOR UVA 1215 LEE ST CHARLOTTESVILLE, VA 22908-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE NIDA, D.O. DIRECTOR 1 CLOVERLEAF SQUARE SUITE F1 BIG STONE GAP, VA 24219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA PEARCE, RN, BSN DIRECTOR 2523 CHERRY LANE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLE PRATT, DDS DIRECTOR 4664 LEE HWY DUBLIN, VA 24084-	<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.

<u>/s/ HOWARD CHAPMAN</u>	<u>HOWARD CHAPMAN, CHAIRMAN</u>	<u>3/5/2012</u>
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.