

1.) CORPORATION NAME:

RAPPAHANNOCK AREA HEALTH EDUCATION CENTER

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANE M WILLS
5559 RICHMOND RD
PO BOX 218**

SCC ID NO: **04258273**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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WARSAW, VA 22572

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5559 RICHMOND ROAD
PO BOX 218

CITY/ST/ZIP: WARSAW, VA 22572

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:	CATHERINE M COURTNEY RN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PROFESSOR EMERI		
ADDRESS:	2494 MUNDY POINT LANE		
CITY/ST/ZIP/CO:	CALLAO, VA 22435		

NAME:	DANIEL B LAWRENCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PUB HEALTH DENT		
ADDRESS:	THREE RIVERS HEALTH DISTRICT PO BOX 1025		
CITY/ST/ZIP/CO:	WARSAW, VA 22572-1025		

NAME:	MILDRED H B ROBERSON PHD RN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	875 CLARK POINT DRIVE		
CITY/ST/ZIP/CO:	WHITE STONE, VA 22578		

NAME:	PAM LANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1025		
CITY/ST/ZIP/CO:	WARSAW, VA 22572		

NAME:	Annette Jewell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO Box 100		
CITY/ST/ZIP/CO:	Lancaster, VA 22503		

NAME:	Norman Clark	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO Box 148		
CITY/ST/ZIP/CO:	Reedville, VA 22539-0148		

NAME: Shirley C. Dodson-McAdoo TITLE: DIRECTOR ADDRESS: 372 Fleets Lane CITY/ST/ZIP/CO: White Stone, VA 22578	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Jane Mitchell TITLE: DIRECTOR ADDRESS: 101 Harris Drive CITY/ST/ZIP/CO: Kilmarnock, VA 22482	<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/ DANIEL B LAWRENCE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL B LAWRENCE, PUB HEALTH DENT PRINTED NAME AND CORPORATE TITLE	8/15/2012 DATE
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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.