

1.) CORPORATION NAME:

Virginia Rural Health Association

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BETH O'CONNOR
2265 KRAFT DRIVE
BLACKSBURG, VA**

SCC ID NO: **04440756**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2265 KRAFT DR

CITY/ST/ZIP: BLACKSBURG, VA 24060

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: DEREK BURTON TITLE: PRESIDENT ADDRESS: 770 WEST RIDGE RD CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA HART TITLE: PRESIDENT ADDRESS: 970 ROANOKE BLVD CITY/ST/ZIP/CO: SALEM VETERANS HOSPITAL 1 SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETH O'CONNOR TITLE: EXEC DIRECTOR ADDRESS: 2265 KRAFT DRIVE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GAY PLUNGAS TITLE: DIRECTOR ADDRESS: 8527 MAYLAND DRIVE, SUITE 104A CITY/ST/ZIP/CO: RICHMOND, VA 23294	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIRK BALLIN TITLE: VICE PRESIDENT ADDRESS: 201 E MAIN ST. CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ASHLEY CHAPMAN TITLE: DIRECTOR ADDRESS: 4200 INNSLAKE DRIVE, SUITE 301 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MARY CRANDALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2205 FONTAINE AVE. SUITE 204		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908		
NAME:	KAREN GREGORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 COLLEGE ST.		
CITY/ST/ZIP/CO:	PO BOX 9800037 RICHMOND, VA 23298		
NAME:	KATE LIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	618 HOSPITAL ROAD		
CITY/ST/ZIP/CO:	RIVERSIDE TAPPAHANNOCK HOSPITAL TAPPAHANNOCK, VA 22560		
NAME:	SUZANNE LO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	205 W ROANOKE ST.		
CITY/ST/ZIP/CO:	VT IPG BLACKSBURG, VA 24061		
NAME:	RITA PHILLIPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 EAST MAIN ST.		
CITY/ST/ZIP/CO:	WYTHEVILLE COMMUNITY COLLEGE WYTHEVILLE, VA 24382		
NAME:	Margaret Bassett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 6964		
CITY/ST/ZIP/CO:	Radford University School of Nursing Radford, VA 24142		
NAME:	Myra Clark	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 800782		
CITY/ST/ZIP/CO:	University of Virginia School of Nursing Charlottesville, VA 22908		
NAME:	Elizabeth Locke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3118 Health Sciences Building		
CITY/ST/ZIP/CO:	College of Health Sciences Building - ODU Norfolk, VA 23529		
NAME:	Susan Meacham	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2265 Kraft Drive		
CITY/ST/ZIP/CO:	Edward Via College of Osteopathic Medicine Blacksburg, VA 24060		
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/ BETH O'CONNOR	BETH O'CONNOR, EXEC	1/21/2014	
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.