

1.) CORPORATION NAME:

**Martha Jefferson Medical Enterprises, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**JAMES E HADEN**

**MARTHA JEFFERSON HOSPITAL  
500 MARTHA JEFFERSON DRIVE**

**CHARLOTTESVILLE, VA 22911**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **1/31/2011**

SCC ID NO: **04788519**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **MARTHA JEFFERSON HOSPITAL  
500 MARTHA JEFFERSON DRIVE**

CITY/ST/ZIP: **CHARLOTTESVILLE, VA 22911-**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELLIOT H KUIDA	
TITLE:	PRESIDENT	
ADDRESS:	459 LOCUST AVENUE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEB THEXTON	
TITLE:	TREASURER	
ADDRESS:	459 LOCUST AVE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	E. RAY MURPHY	
TITLE:	CHAIRMAN	
ADDRESS:	3107 LYNFARNE LANE	
CITY/ST/ZIP/CO:	KESWICK, VA 22947-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN SCHUYLER	
TITLE:	V CHAIRMAN	
ADDRESS:	675 PETER JEFFERSON PKWY	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JUDY TOBIN	
TITLE:	SECRETARY	
ADDRESS:	459 LOCUST AVE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-	

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/ DEB THEXTON</u>	<u>DEB THEXTON, TREASURER</u>	<u>8/18/2011</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.