

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: **1/31/2012**

SCC ID NO: **04788519**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

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.

NAME: **ELLIOT H KUIDA**
TITLE: **PRESIDENT**
ADDRESS: **500 MARTHA JEFFERSON DRIVE**
CITY/ST/ZIP/CO: **CHARLOTTESVILLE, VA 22911-**

OFFICER

DIRECTOR

NAME: **JAMES E HADEN**
TITLE: **CHAIRMAN**
ADDRESS: **500 MARTHA JEFFERSON DRIVE**
CITY/ST/ZIP/CO: **CHARLOTTESVILLE, VA 22911-**

OFFICER

DIRECTOR

NAME: **J. MICHAEL BURRIS**
TITLE: **V CHAIRMAN/V PR**
ADDRESS: **500 MARTHA JEFFERSON DRIVE**
CITY/ST/ZIP/CO: **CHARLOTTESVILLE, VA 22911-**

OFFICER

DIRECTOR

NAME: **JUDY TOBIN**
TITLE: **SECRETARY**
ADDRESS: **500 MARTHA JEFFERSON DRIVE**
CITY/ST/ZIP/CO: **CHARLOTTESVILLE, VA 22911-**

OFFICER

DIRECTOR

NAME: **DEBORAH THEXTON**
TITLE: **TREASURER**
ADDRESS: **500 MARTHA JEFFERSON DRIVE**
CITY/ST/ZIP/CO: **CHARLOTTESVILLE, VA 22911-**

OFFICER

DIRECTOR

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/ DEBORAH THEXTON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DEBORAH THEXTON, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>1/30/2012</u> 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.