

1.) CORPORATION NAME:

**SOUTHWEST VIRGINIA GRADUATE MEDICAL
EDUCATION CONSORTIUM, INC.**

DUE DATE: **9/30/2013**

SCC ID NO: **05091749**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HEMAN A MARSHALL III
WOODS ROGERS PLC
10 S JEFFERSON ST STE 1400**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: THE UNIVERSITY OF VIRGINIAS COLLEGE AT WISE
1 COLLEGE AVENUE

CITY/ST/ZIP: WISE, VA 24293

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:	MARGIE TUCKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	UVA'S COLLEGE AT WISE 1 COLLEGE AVENUE		
CITY/ST/ZIP/CO:	WISE, VA 24293		
NAME:	HOWARD CHAPMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	IMM PAST CHAIR		
ADDRESS:	P O BOX 9 14558 DANVILLE PIKE		
CITY/ST/ZIP/CO:	LAUREL FORK, VA 24352		
NAME:	WENDY WELCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ED		
ADDRESS:	UVA'S COLLEGE AT WISE ONE COLLEGE AVE		
CITY/ST/ZIP/CO:	WISE, VA 24293		
NAME:	ROGER HOFFORD, M.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	2145 MOUNT PLEASANT BLVD. CARILION CLINIC VTC FAMILY MEDICINE RESIDENCY		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	JODY BENTLEY, D.O.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRE/TREASURER		
ADDRESS:	NORTON COMMUNITY HOSPITAL 100 15TH STREET, NW		
CITY/ST/ZIP/CO:	NORTON, VA 24273		

NAME:	SUE CANTRELL, M.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	134 ROBERTS STREET, NE		
CITY/ST/ZIP/CO:	WISE, VA 24293		

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/ MARGIE TUCKER	MARGIE TUCKER, CHAIR	12/12/2013
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.