

1.) CORPORATION NAME:

**Mercy Care Centre Foundation**

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
CARROLL BRYANT BROWN  
121 GROSS POINT DR  
HUDDLESTON, VA 24104**

SCC ID NO: **05461983**

5.) STOCK INFORMATION

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

**BEDFORD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 GROSS POINT DRIVE

CITY/ST/ZIP: HUDDLESTON, VA 24104-

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: LAURA NUCKLES  
TITLE: TREASURER  
ADDRESS: 104 GOOSE HOLLOW DRIVE  
CITY/ST/ZIP/CO: FOREST, VA 24551-

OFFICER  DIRECTOR

NAME: SUSAN LANE  
TITLE: VICE CHAIR  
ADDRESS: 150 MILL LANE ROAD  
CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER  DIRECTOR

NAME: CAROL E MCNEELY  
TITLE: SECRETARY  
ADDRESS: 4102 PEAKLAND PLACE  
CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER  DIRECTOR

NAME: BETSY GARRARD  
TITLE: CHAIRMAN  
ADDRESS: 1389 CHILARNA LANE  
CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER  DIRECTOR

NAME: PATTY WORSHAM  
TITLE: CHAIRMAN  
ADDRESS: 760 THOMAS ROAD  
CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572-

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/ LAURA NUCKLES</u>	<u>LAURA NUCKLES, TREASURER</u>	<u>10/14/2011</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.