

1.) CORPORATION NAME:

Carilion Emergency Services, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRIGGS W ANDREWS
213 S JEFFERSON ST SUITE 720
PO BOX 40032**

SCC ID NO: **05573621**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 213 S JEFFERSON STREET SUITE 720
PO BOX 40032

CITY/ST/ZIP: ROANOKE, VA 24022

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:	MELINA PERDUE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2125 YELLOW MOUNTAIN RD		
CITY/ST/ZIP/CO:	APT 307 ROANOKE, VA 24014		
NAME:	BRIGGS W ANDREWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3215 GRANDIN ROAD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	JOHN H BURTON, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 ASHBY DR		
CITY/ST/ZIP/CO:	DALEVILLE, VA 24083		
NAME:	BRANDON J COATES, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1843 MOUNT VERNON RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		
NAME:	DONALD B HALLIWILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6140 MORNING GLORY DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012		
NAME:	KIM E ROE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 PENICK PLACE		
CITY/ST/ZIP/CO:	HARDY, VA 24101		

NAME:	G ROBERT VAUGHAN, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	147 BOGEY LN		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

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/ BRIGGS W ANDREWS	BRIGGS W ANDREWS,	5/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.