

1.) CORPORATION NAME:

DUE DATE: **4/30/2012**

Crossroads Medical Mission

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05574322**

**PAUL DERDEN
300 W VALLEY DR
PO BOX 16852**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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BRISTOL, VA 24209-6852

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 WEST VALLEY DRIVE

CITY/ST/ZIP: BRISTOL, VA 24209-6852

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:	PAUL DERDEN MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2376 KINGS MILL PIKE		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201		

NAME:	TIM SCHWOOD MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1626 KING COLLEGE RD		
CITY/ST/ZIP/CO:	BRISTOL, TN 37620		

NAME:	J ANDREW DYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	210 GAILWAY RD		
CITY/ST/ZIP/CO:	BRISTOL, TN 37620		

NAME:	DEAN CIROTTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	615 GEORGIA AVE		
CITY/ST/ZIP/CO:	BRISTOL, TN 37620		

NAME:	SUSAN K JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P O BOX 16852		
CITY/ST/ZIP/CO:	BRISTOL, VA 24209		

NAME:	TERRY ECKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 2345		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA FOWLKES DIRECTOR 14912 OLD JONESBORO RD BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA MASSENGILL DIRECTOR 339 MEADOW DR BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY MULLINS DIRECTOR 6 SIXTH STREET BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE OWENS DIRECTOR P O BOX 2345 ABINGDON, VA 24212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY SIMPSON DIRECTOR 610 CAMPUS ABINGDON, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF TICKLE DIRECTOR 2222 EDMONT AVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE WILLIS DIRECTOR 401 MARTIN LUTHER KING BLVD BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.			
/s/ SUSAN K JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN K JOHNSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/29/2012 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.			