

1.) CORPORATION NAME:

Community Health Alliance

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEVEN D GRAVELY
1001 HAXALL POINT, 15TH FL
POST OFFICE BOX 1122**

SCC ID NO: **05871074**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23218-1122

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2201 WEST BROAD STREET
SUITE 202

CITY/ST/ZIP: RICHMOND, VA 23220-2022

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:	MICHAEL MATTHEWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	2201 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220-2022		

NAME:	JAMES SOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	8254 ATLEE ROAD		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	MICHAEL SPINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5875 BREMO ROAD, SUITE 603		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		

NAME:	TONI R ARDABELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5801 BREMO ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		

NAME:	PETER J BERNARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BON SECOURS RICH HEALTH SYSTEM		
CITY/ST/ZIP/CO:	5875 BREMO ROAD, SUITE 710 RICHMOND, VA 23226		

NAME:	W SCOTT BURNETTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 90		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY COSTABILE DIRECTOR DEPT. OF UROLOGY, PO BOX 800422, CHARLOTTESVILLE, VA 22908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY FITZGERALD SECRETARY PO BOX 800788 MC ADMIN. SUITE CHARLOTTESVILLE, VA 22908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANNE GRAF DIRECTOR 5801 BREMO ROAD RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY, SR HESTER DIRECTOR PO BOX 1449 KILMARNOCK, VA 22482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SISTER ANNE MARIE MACK TREASURER 5875 BREMO ROAD, SUITE 710 RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN RHEUBAN DIRECTOR PO BOX 800711, MCKIM HALL ROOM G151 CHARLOTTESVILLE, VA 22908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANNY SHABAN DIRECTOR 8239 MEADOWBRIDGE RD., SUITE A MECHANICSVILLE, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEN CLARK DIRECTOR CENTRA 1920 ATHERHOLDT RD LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK GORDON DIRECTOR ST. FRANCIS MEDICAL CENTER 13700 ST. FRANCIS BLVD MIDLOTHIAN, VA 23114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL KERNER DIRECTOR BON SECOURS-HAMPTON ROADS 5818A HARBOUR VIEW BLVD, STE A1 SUFFOLK, VA 23435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JOHN BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BON SECOURS-HAMPTON ROADS		
CITY/ST/ZIP/CO:	150 KINGSLEY LANE NORFOLK, VA 23505		

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/ MICHAEL MATTHEWS	MICHAEL MATTHEWS, PRES/CEO	11/27/2012
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.