

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212519577

1.) CORPORATION NAME:

Stafford Hospital Center Auxiliary, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MEDICORP REGISTERED AGENT LLC
2300 FALL HILL AVE
STE 308**

SCC ID NO: **06949010**

5.) STOCK INFORMATION

CLASS AUTHORIZED

FREDERICKSBURG, VA 22401

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 HOSPITAL CENTER BLVD

CITY/ST/ZIP: STAFFORD, VA 22554

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRANK RINGQUIST	
TITLE:	PRESIDENT	
ADDRESS:	101 HOSPITAL CENTR BLVD.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Phyllis Muir	
TITLE:	VICE PRESIDENT	
ADDRESS:	101 HOSPITAL CENTER BLVD.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Janet Schroeder	
TITLE:	CORR SEC	
ADDRESS:	101 Hospital Center Blvd	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KATHY MORGAN	
TITLE:	REC SEC	
ADDRESS:	101 HOSPITAL CENTER BLVD.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Prim Young	
TITLE:	TREASURER	
ADDRESS:	101 Hospital Center Blvd	
CITY/ST/ZIP/CO:	Stafford, VA 22554	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	David Young	
TITLE:	DIRECTOR	
ADDRESS:	101 Hospital Center Blvd	
CITY/ST/ZIP/CO:	Stafford, VA 22554	

NAME:	Jo-Ann Menelaos	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 Hospital Center Blvd		
CITY/ST/ZIP/CO:	Stafford, VA 22554		

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/ FRANK RINGQUIST	FRANK RINGQUIST, PRESIDENT	5/25/2012
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.