

1.) CORPORATION NAME:

**Stafford Hospital Center Auxiliary, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MW HEALTHCARE REGISTERED AGENT, LLC  
2300 FALL HILL AVE STE 509  
FREDERICKSBURG, VA**

SCC ID NO: **06949010**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

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: Gene Zeiszler TITLE: DIRECTOR ADDRESS: 101 HOSPITAL CENTER BLVD. CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANET SCHROEDER 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: Hazel Reeves TITLE: TREASURER ADDRESS: 101 HOSPITAL CENTER BLVD CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Joseph TITLE: DIRECTOR ADDRESS: 101 HOSPITAL CENTER BLVD CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Charlotte Summerfield	<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	6/17/2013
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.