

1.) CORPORATION NAME:

Virginia Tech Carilion School of Medicine, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FLORENCE T WORKMAN
2 RIVERSIDE CIRCLE
VTCSOM SUITE M131**

SCC ID NO: **06949028**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA 24016

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 RIVERSIDE CIR
STE M131

CITY/ST/ZIP: ROANOKE, VA 24016

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:	CYNDA A JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 13727		
CITY/ST/ZIP/CO:	ROANOKE, VA 24036-3727		

NAME:	FLORENCE T WORKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	PO BOX 13727		
CITY/ST/ZIP/CO:	ROANOKE, VA 24036-3727		

NAME:	JAMES R SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 13727		
CITY/ST/ZIP/CO:	ROANOKE, VA 24036-3727		

NAME:	NANCY HOWELL AGEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 13727		
CITY/ST/ZIP/CO:	ROANOKE, VA 24036-3727		

NAME:	WARNER DALHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 13727		
CITY/ST/ZIP/CO:	ROANOKE, VA 24036-3727		

NAME:	BEN J DAVENPORT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 13727		
CITY/ST/ZIP/CO:	ROANOKE, VA 24036-3727		

NAME: EDWARD G MURPHY TITLE: DIRECTOR ADDRESS: PO BOX 13727 CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE C NOLEN TITLE: DIRECTOR ADDRESS: PO BOX 13727 CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARMEN HOOKER ODUM TITLE: DIRECTOR ADDRESS: PO BOX 13727 CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SIDNEY C SMITH TITLE: DIRECTOR ADDRESS: PO BOX 13727 CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BERTRAM W SPETZLER TITLE: DIRECTOR ADDRESS: PO BOX 13727 CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES STEGER TITLE: DIRECTOR ADDRESS: PO BOX 13727 CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727	<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/ FLORENCE T WORKMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FLORENCE T WORKMAN, S/T PRINTED NAME AND CORPORATE TITLE	5/30/2012 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.		