

1.) CORPORATION NAME:

WELLMONT HEALTH SYSTEM

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ELIZABETH SMITH JONES
502 CUMBERLAND ST
PO BOX 1571**

SCC ID NO: **F1257494**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

BRISTOL, VA 24203

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1905 AMERICAN WAY

CITY/ST/ZIP: KINGSPORT, TN 37660

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: MARGARET D DENARVAEZ TITLE: P/CEO ADDRESS: 1905 AMERICAN WAY CITY/ST/ZIP/CO: KINGSPORT, TN 37660	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Arthur Thomas Scott TITLE: CHAIRMAN ADDRESS: 130 Nevermore Lane CITY/ST/ZIP/CO: Kingsport, TN 37664	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Wayne Kennedy TITLE: VICE CHAIRMAN ADDRESS: 25083 Watauga Road CITY/ST/ZIP/CO: Abingdon, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jack Butterworth, MD TITLE: DIRECTOR ADDRESS: 229 Forest Hills Drive CITY/ST/ZIP/CO: Bristol, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Charlie Floyd TITLE: DIRECTOR ADDRESS: 100 Clinchfield Street CITY/ST/ZIP/CO: KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Julie Bennett TITLE: Secretary ADDRESS: 4829 Preston Park Drive CITY/ST/ZIP/CO: Kingsport, TN 37664	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	David R. Crockett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	48 Holly Lane		
CITY/ST/ZIP/CO:	Bristol, VA 24201		
NAME:	Marvin Cameron	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2625 Wildwood Drive		
CITY/ST/ZIP/CO:	Kingsport, TN 37660		
NAME:	Pierre Istfan, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	227 Colony Drive		
CITY/ST/ZIP/CO:	Bristol, TN 37620		
NAME:	Ravan Krickbaum	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 South Rogers Street		
CITY/ST/ZIP/CO:	Rogersville, TN 37857		
NAME:	Roger Leonard	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 Oakview Circle		
CITY/ST/ZIP/CO:	Bristol, TN 37620		
NAME:	David Lester	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15360 High Meadow Trail		
CITY/ST/ZIP/CO:	Bristol, VA 24202		
NAME:	Skip Skinner	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18 West 1st South		
CITY/ST/ZIP/CO:	18 West 1st Street South Big Stone Gap, VA 24219		
NAME:	William Smith, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2223 Edgemont Ave		
CITY/ST/ZIP/CO:	Bristol, TN 37620		
NAME:	David Sparks, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	131 CW Gaolloway Road		
CITY/ST/ZIP/CO:	Jonesborough, TN 37659		
NAME:	Douglas Springer, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2244 Sheffield Street		
CITY/ST/ZIP/CO:	Kingsport, TN 37660		
NAME:	John Williams	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2601 Brighton Court		
CITY/ST/ZIP/CO:	Kingsport, TN 37660		

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.

<u>/s/ MARGARET D DENARVAEZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MARGARET D DENARVAEZ, P/CEO</u> PRINTED NAME AND CORPORATE TITLE	<u>9/7/2012</u> 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.