

1.) CORPORATION NAME:

WELLMONT HEALTH SYSTEM

DUE DATE: **6/30/2014**

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

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1905 AMERICAN WAY		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		
NAME:	ARTHUR THOMAS SCOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	130 NEVERMORE LANE		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37664		
NAME:	WAYNE KENNEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25083 WATAUGA ROAD		
CITY/ST/ZIP/CO:	ABINGDON, VA 24211		
NAME:	JULIE BENNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Secretary		
ADDRESS:	4829 PRESTON PARK DRIVE		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37664		
NAME:	JACK BUTTERWORTH, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	229 FOREST HILLS DRIVE		
CITY/ST/ZIP/CO:	BRISTOL, TN 37620		
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE FLOYD DIRECTOR 100 CLINCHFIELD STREET KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY HALL DIRECTOR 1833 BUCKINGHAM CT KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAVAN KRICKBAUM DIRECTOR 201 SOUTH ROGERS STREET ROGERSVILLE, TN 37857	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER LEONARD VICE CHAIRMAN 102 OAKVIEW CIRCLE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LESTER Treas/Asst Sec 15360 HIGH MEADOW TRAIL BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SKIP SKINNER DIRECTOR 18 WEST 1ST SOUTH 18 WEST 1ST STREET SOUTH BIG STONE GAP, VA 24219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SMITH, MD DIRECTOR 2223 EDGEMONT AVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SPARKS, MD DIRECTOR 131 CW GAOLLOWAY ROAD JONESBOROUGH, TN 37659	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS SPRINGER, M.D. DIRECTOR 2244 SHEFFIELD STREET KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN WILLIAMS DIRECTOR 2601 BRIGHTON COURT KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NELSON GWALTNEY, M.D. DIRECTOR 1 Medical Park Blvd Bristol, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER MOWEN DIRECTOR 1905 American Way Kingsport, TN 37660	<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/ MARGARET D DENARVAEZ	MARGARET D DENARVAEZ,	5/15/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	P/CEO 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.