

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211509508

1.) CORPORATION NAME:

KANAWHA HEALTHCARE SOLUTIONS, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

DUE DATE: **6/30/2011**

SCC ID NO: **F1383464**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 25,000 |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 W MAIN ST

CITY/ST/ZIP: LOUISVILLE, KY 40202-

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: | R DALE VAUGHAN | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 2166 POTPOURRI PT | |
| CITY/ST/ZIP/CO: | ROCK HILL, SC 29732- | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | GEORGE BAUERNFIEND | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 500 W MAIN ST | |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40202- | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JAMES H BLOEM | |
| TITLE: | TREASURER | |
| ADDRESS: | 500 W MAINE ST | |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40202- | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | JOAN O LENAHAN | |
| TITLE: | SECRETARY | |
| ADDRESS: | 500 W MAIN ST | |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40202- | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JAMES E MURRAY | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 500 W MAIN ST | |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40202- | |

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/ GEORGE BAUERNFIEND</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>GEORGE BAUERNFIEND, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE | <u>5/9/2011</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.