

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211503725

1.) CORPORATION NAME:

CareSpark, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1698937**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

L THOMPSON HANES

250 S MAIN ST STE 226

BLACKSBURG, VA 24060-4860

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 112 W MAIN ST
PO BOX 657

CITY/ST/ZIP: KINGSFORT, TN 37662-

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: HOWARD CHAPMAN
TITLE: TREASURER
ADDRESS: SW VA COMMUNITY HEALTH SYSTEMS
PO BOX 729
CITY/ST/ZIP/CO: SALTVILLE, VA 24370-

OFFICER

DIRECTOR

NAME: DEBRA WILSON
TITLE: SECRETARY
ADDRESS: WILSON PHARMACY
525 N STATE OF FRANKLIN ROAD
CITY/ST/ZIP/CO: JOHNSON CITY, IN 37602-

OFFICER

DIRECTOR

NAME: JERRY MILLER
TITLE: VICE CHAIRMAN
ADDRESS: HOLSTON MEDICAL GROUP
2323 N. JOHN B DENNIS HWY
CITY/ST/ZIP/CO: KINGSFORT, TN 37660-

OFFICER

DIRECTOR

NAME: BRUCE BEHRINGER
TITLE: CHAIRMAN
ADDRESS: EAST TN STATE UNIVERSITY
PO BOX 70412
CITY/ST/ZIP/CO: JOHNSON CITY, TN 37614-

OFFICER

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/ BRUCE BEHRINGER

BRUCE BEHRINGER, CHAIRMAN

2/15/2011

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.