2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2012
Secretary of State

DOCUMENT# F07000003318

Entity Name: CHARLESTON AREA MEDICAL CENTER, INC.

Current Principal Place of Business:

1204 KANAWHA BLVD EAST
CHARLESTON, WV 25301

New Principal Place of Business:

Current Mailing Address:

1204 KANAWHA BLVD EAST
CHARLESTON, WV 25301

New Mailing Address:

FEI Number: 55-0526150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: RAMSEY, DAVID L
Address: 1204 KANAWHA BLVD EAST
City-St-Zip: CHARLESTON, WV 25301

Title: VP
Name: CROTTY, JR, GLENN
Address: 1204 KANAWHA BLVD EAST
City-St-Zip: CHARLESTON, WV 25301

Title: S
Name: MCMULLEN,JR., MARSHALL
Address: 1204 KANAWHA BLVD EAST
City-St-Zip: CHARLESTON, WV 25301

Title: T
Name: HUDSON, LARRY
Address: 1204 KANAWHA BLVD EAST
City-St-Zip: CHARLESTON, WV 25301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID L. RAMSEY P 03/28/2012

Electronic Signature of Signing Officer or Director — Date