

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

Rockingham Memorial Hospital

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00054841**

HELEN YOUNG

2010 HEALTH CAMPUS DR

HARRISONBURG, VA 22801

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2010 HEALTH CAMPUS DR

CITY/ST/ZIP: HARRISONBURG, VA 22801

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:	JAMES D KRAUSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2010 HEALTH CAMPUS DRIVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		
NAME:	MICHAEL J Burris	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2010 HEALTH CAMPUS DRIVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		
NAME:	MENSEL D DEAN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	D		
ADDRESS:	Rockingham Memorial Hospital		
CITY/ST/ZIP/CO:	2010 Health Campus Dr. Harrisonburg, VA 22801		
NAME:	James R MESSNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	Rockingham Memorial Hospital		
CITY/ST/ZIP/CO:	2010 Health Campus Dr. Harrisonburg, VA 22801		
NAME:	Ann E. C. Homan	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Rockingham Memorial Hospital		
CITY/ST/ZIP/CO:	2010 Health Campus Dr. Harrisonburg, VA 22801		
NAME:	Howard P Kern	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Sentara Healthcare		
CITY/ST/ZIP/CO:	6015 Poplar Hall Drive, Suite 300 Norfolk, VA 23502		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A Jerry Benson, PhD DIRECTOR Rockingham Memorial Hospital 2010 Health Campus Dr. Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David L Bernd DIRECTOR Sentara Healthcare 6015 Poplar Hall Dr., Suite 300 Norfolk, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph K Funkhouser DIRECTOR Rockingham Memorial Hospital 2010 Health Campus Dr. Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alden L Hostetter, M.D. DIRECTOR Rockingham Memorial Hospital 2010 Health Campus Dr. Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elmer E Kennel, M.D. DIRECTOR Rockingham Memorial Hospital 2010 Health Campus Dr. Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kenneth M Krakaur DIRECTOR Sentara Healthcare 6015 Poplar Hall Dr., Suite 300 Norfolk, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Allon H Lefever DIRECTOR Rockingham Memorial Hospital 2010 Health Campus Dr. Harrisonburg, VA 22801	<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/ JAMES D KRAUSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES D KRAUSS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/21/2012 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.			