

1.) CORPORATION NAME:

SHENANDOAH MEMORIAL HOSPITAL

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAUL J NEAL JR
122 WEST HIGH STREET
PO BOX 474**

SCC ID NO: **00536078**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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WOODSTOCK, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SHENANDOAH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 759 SOUTH MAIN ST
CITY/ST/ZIP: WOODSTOCK, VA 22664

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:	MARY BETH PRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	307 WHITE DEER LANE		
CITY/ST/ZIP/CO:	STRASBURG, VA 22657		

NAME:	KEVIN BLACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	106 LAWYER'S ROW		
CITY/ST/ZIP/CO:	SUITE 201, PO BOX 129 WOODSTOCK, VA 22664		

NAME:	GREG BYRD, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WOODSTOCK INTERNAL MEDICINE 761 S. MAIN ST.		
CITY/ST/ZIP/CO:	WOODSTOCK, VA 22664		

NAME:	FLOYD R HEATER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	759 SOUTH MAIN ST		
CITY/ST/ZIP/CO:	WOODSTOCK, VA 22664		

NAME:	JOHN HOFFMAN, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SHENANDOAH FAMILY MEDICINE 755 SOUTH MAIN ST., SUITE. B03		
CITY/ST/ZIP/CO:	WOODSTOCK, VA 22664		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL KOONTZ DIRECTOR FIRST BANK 5304 MAIN STREET MOUNT JACKSON, VA 22842	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH LANTZ SECRETARY 254 EAST RESERVOIR RD. WOODSTOCK, VA 22664	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM LINSKI, JR. DIRECTOR 9726 FAIRWAY DRIVE NEW MARKET, VA 22844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK MERRILL DIRECTOR VALLEY HEALTH SYSTEM 220 CAMPUS BLVD., SUITE 420 WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES MOORE VICE CHAIRMAN 2580 GRAVELTOWN ROAD QUICKSBURG, VA 22847	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN O'NEAL, MD DIRECTOR WOODSTOCK ANESTHESIOLOGY ASSOC. 759 S. MAIN STREET WOODSTOCK, VA 22664	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES SHERIDAN DIRECTOR 2441 PALMYRA CHURCH ROAD EDINBURG, VA 22824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ETHEL SHOWMAN DIRECTOR 1221 ST. LUKE ROAD WOODSTOCK, VA 22664	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN WHETZEL DIRECTOR 794 OLD BUFFALO LANE NEW MARKET, VA 22844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Audrea Wynn DIRECTOR 350 Chestnut Grove Road Winchester, VA 22603	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GLADING DIRECTOR 51 FRENCH DRIVE WOODSTOCK, VA 22664	<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/ FLOYD R HEATER	FLOYD R HEATER, PRESIDENT	7/3/2013
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.