

1.) CORPORATION NAME:

SHENANDOAH SHARED HOSPITAL SERVICES, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK W BOTKIN
3190 PEOPLES DR
HARRISONBURG, VA 22801**

SCC ID NO: **02191294**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: 3190 Peoples Drive

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:	WILLIAM L PFOST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	708 PELLHAM DRIVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	JAMES B. HUGGINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	78 MEDICAL CENTER DRIVE P.O. BOX 1000		
CITY/ST/ZIP/CO:	FISHERSVILLE, VA 22939		
NAME:	ROBERT KNOWLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Route 1, Box 667		
CITY/ST/ZIP/CO:	Roseland, VA 22967		
NAME:	MARY MANNIX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	78 Medical Center Drive Post Office Box 1000		
CITY/ST/ZIP/CO:	Fishersville, VA 22939		
NAME:	JOSEPH BEHL, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Rockingham Memorial Hospital 2010 Health Campus Drive		
CITY/ST/ZIP/CO:	Harrisonburg, VA 22801		
NAME:	JAMES KRAUSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Rockingham Memorial Hospital 2010 Health Campus Drive		
CITY/ST/ZIP/CO:	Harrisonburg, VA 22801		

NAME: JAMES MESSNER TITLE: DIRECTOR ADDRESS: 438 Preston Drive CITY/ST/ZIP/CO: Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SHERRY MONGOLD TITLE: DIRECTOR ADDRESS: Rockingham Memorial Hospital CITY/ST/ZIP/CO: 2010 Health Campus Drive Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ WILLIAM L PFOST	WILLIAM L PFOST, CHAIRMAN	6/8/2012
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.