

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214510148		
1.) CORPORATION NAME: AMA NYAME MEMORIAL MEDICAL CENTER, INC.		DUE DATE: 1/31/2014		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: E PRESTON LANCASTER JR 113 EAST SECOND ST PO BOX 353 FARMVILLE, VA		SCC ID NO: 06090120		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE EDWARD COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1100 WEST THIRD ST CITY/ST/ZIP: FARMVILLE, VA 23901				
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: KWABENA A DONKOR MD FCCP TITLE: PRESIDENT ADDRESS: 1100 WEST THIRD ST PO BOX 353 CITY/ST/ZIP/CO: FARMVILLE, VA 23901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: GRACE DONKOR TITLE: VICE PRESIDENT ADDRESS: 1100 WEST THIRD ST P O BOX 353 CITY/ST/ZIP/CO: FARMVILLE, VA 23901	<input checked="" 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/ KWABENA A DONKOR MD FCCP	KWABENA A DONKOR MD FCCP, PRESIDENT	2/25/2014 DATE		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE			
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.				