

F22000003587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

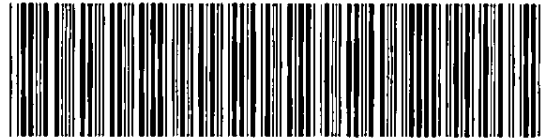
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/23--01010--013 **35.00

03/23/23 11:17:48

2023



CHRISTIAN & BARTON, LLP
ATTORNEYS AT LAW

STEVEN W. LIPPMAN, ESQUIRE
Direct Dial: (804) 697-4125/4107
Direct Fax: (804) 697-4107
slippman@cblaw.com

August 23, 2023

Amendment Section
Florida Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Sentara Health Plans, Inc. Amendment to Foreign Authorization

Ladies and Gentlemen:

Please find enclosed an Amendment to Foreign Authorization for the above-referenced entity, together with my firm's check in the amount of \$35.00 for the filing fee related thereto.

Also enclosed with the Amendment is a certified copy of the Certificate of Amendment which was filed with the Virginia State Corporation Commission effective July 1, 2023.

If you have any questions or need further information, please do not hesitate to call.

Thank you for your assistance with this matter.

Very truly yours,

Steven W. Lippman

SWL/tt

4865-6402-0346, v. 1

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sentara Health Plans, Inc. Amendment to Foreign Authorization

Name of Corporation

DOCUMENT NUMBER: F22000003587

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Joseph, Esq.

Name of Contact Person

Christian & Barton, LLP

Firm/Company

901 East Cary St., Suite 1800

Address

Richmond, VA 23219

City/State and Zip Code

jjoseph@cblaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Joseph, Esq.

at (804) 697-4100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F22000003587

(Document number of corporation (if known))

1. SENTARA HEALTH PLANS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Virginia

(Incorporated under laws of)

3. 06/09/2022

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 07/01/2023

5. Sentara Health Administration, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

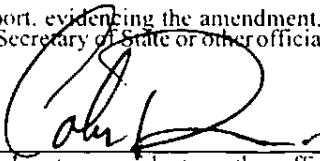
Signature of New Registered Agent, if changing

06/09/2022 11:48

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Colin S. Drozdowski

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

March 9, 2023

Katie Stoops
Sentara Healthcare Corporate
6015 Poplar Hall Drive, Suite 308
Norfolk, VA, 23502

RECEIPT

RE: Sentara Health Administration
RESERVATION ID: 11510852
RESERVATION PIN: RLBK69
FILING NO: 2303095602559
WORK ORDER NO: 202303093613938

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing with this office a reservation of the business entity name referenced above.

The owner of the reserved name is Sentara Health Plans.

The effective date of the reservation is March 9, 2023. The name reservation expires July 7, 2023.

This reservation can be renewed for an additional 120-day period by filing an application for renewal within 45 days prior to the date the reservation expires.

If you have any questions, please call (804) 371-9733 or toll-free 1-866-722-2551.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan
Clerk of the Commission

Delivery Method: Email

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, JUNE 21, 2023

The State Corporation Commission has found the articles of amendment submitted on behalf of

Sentara Health Administration, Inc.

(formerly known as Sentara Health Plans, Inc.)

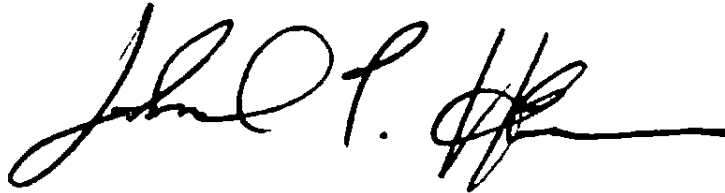
to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective July 1, 2023.

STATE CORPORATION COMMISSION

By

A handwritten signature in black ink, appearing to read "Jehmal T. Hudson", followed by a horizontal line.

Jehmal T. Hudson
Commissioner

Commonwealth of Virginia

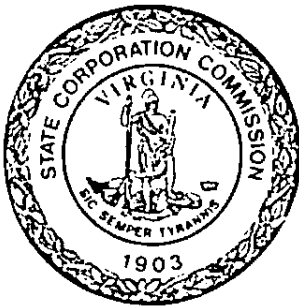


State Corporation Commission

I Certify the Following from the Records of the Commission:

The foregoing are true and correct copies of business entity documents on file in the Office of the Clerk of the Commission related to Sentara Health Administration, Inc., a Virginia corporation.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 6, 2023

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission