

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004282 (9)**

1. Corporation Name

SENTARA ENTERPRISES CORPORATION



Principal Place of Business

Mailing Address

**6015 POPLAR HALL DRIVE, STE 312
NORFOLK VA 23502**

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NORFOLK VA 23502**

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5555 Greenwich Road

26 5555 Greenwich Road

4. FEI Number

54-1217184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc.

22 Suite 501

Suite, Apt. #, etc.

27 Suite 501

City & State

23 Virginia Beach, VA

City & State

28 Virginia, VA

Zip

24 23462

Country

25 USA

Zip

29 23462

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, IRA
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CICCONI, ALVIN J MD**
STREET ADDRESS **5202 COLLEY AVENUE**
CITY-ST-ZIP **NORFOLK VA 23508**

TITLE **P** ☐ DELETE
NAME **BERND, DAVID L**
STREET ADDRESS **6015 POPLAR HALL DR., STE 300**
CITY-ST-ZIP **NORFOLK VA**

TITLE **C** ☐ DELETE
NAME **MARTIN, ROY B**
STREET ADDRESS **1519 COMMONWEALTH AVENUE**
CITY-ST-ZIP **NORFOLK VA**

TITLE **D** ☐ DELETE
NAME **NAPOLITANO, FREDERICK J**
STREET ADDRESS **4425 CORPORATION LANE, SUITE 400**
CITY-ST-ZIP **VIRGINIA BEACH FL 23462**

TITLE **D** ☐ DELETE
NAME **CUMMING, GWEN**
STREET ADDRESS **4405 ERICCRON DRIVE**
CITY-ST-ZIP **HAMPTON VA**

TITLE **T** ☐ DELETE
NAME **BUTLER, WILLIAM K II**
STREET ADDRESS **P.O. BOX 2800 N/A**
CITY-ST-ZIP **NORFOLK VA 23501-2800**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Oelrich, Williams L., M.D.**
1.3 STREET ADDRESS **530 Wainwright Building**
1.4 CITY-ST-ZIP **Norfolk, VA 23510**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Donn, Allan G.**
2.3 STREET ADDRESS **One Commercial Place**
2.4 CITY-ST-ZIP **Norfolk, VA 23510**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Newby, Thomas A., M.D.**
3.3 STREET ADDRESS **10 Eleanor Court**
3.4 CITY-ST-ZIP **Portsmouth, VA 23701**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Savage, Toy D., Jr.**
4.3 STREET ADDRESS **One Commercial Place**
4.4 CITY-ST-ZIP **Norfolk, VA 23510**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Napolitano, Frederick J.**
5.3 STREET ADDRESS **4425 Corporation Lane, Suite 400**
5.4 CITY-ST-ZIP **Virginia Beach, VA 23462**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

David Bernd

President

Date

July 24/1996

Daytime Phone #