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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5555 GREENWICH ROAD  
SUITE 501  
VIRGINIA BEACH FL 23462  
US

Mailing Address

5555 GREENWICH ROAD  
SUITE 501  
VIRGINIA BEACH FL 13462  
US



3. Date Incorporated or Qualified  
08/17/1994

3a. Date of Last Report  
08/02/1996

2. Principal Place of Business

21 6015 Poplar Hall Drive

Suite, Apt. #, etc.

22 City & State

23 Norfolk, VA

Zip

24 23502

Country

2a. Mailing Address

26 6015 Poplar Hall Drive

Suite, Apt. #, etc.

27 City & State

28 Norfolk, VA 23502

Zip

29 23502

Country

30

4. FEI Number

54-1217184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLEMAN, IRA  
201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 Elenor 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 Lan, 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alvin J. Cicconi*

2/20/97

Deadline Phone # 0000111

CR2E037 (9/96)