

1.) CORPORATION NAME:

Colonial Health System, Inc.

DUE DATE: **1/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATRICK B MCDERMOTT
MCDERMOTT & WARD PC
2205 EXECUTIVE DR**

SCC ID NO: **01813799**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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HAMPTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HAMPTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 473 MCLAWS CIRCLE

CITY/ST/ZIP: WILLIAMSBURG, VA 23185

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:	DAVID A COE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	473 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	BEN PUCKETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5700 WILLIAMSBURG LANDING DR		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	KEITH GERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	473 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	RENE CABRAL-DANIELS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	116 SPRING BRANCH		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	MARY DIGGS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	256-O HUNTS NECK ROAD		
CITY/ST/ZIP/CO:	POQUOSON, VA 23662		
NAME:	DAN LONGO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	473 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

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/ DAVID A COE	DAVID A COE, PRESIDENT	3/9/2016
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.		