

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 11:25



1. Name of Limited Partnership

1a. DOCUMENT #
A31957

PRINCETON HOSPITAL INVESTORS, LTD.

Mailing Address

3229 W. CHANNEL CIRCLE
JUPITER FL 33477

Principal Office Address

3229 W. CHANNEL CIRCLE
JUPITER FL 33477

3. Date Formed or Registered

09/10/1991

3a. Date of Last Report

12/18/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$130,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

328 BOX OAK

Suite, Apt. #, etc.

City & State

SAN ANTONIO, TX

Zip

78230

Country

USA

2a. Principal Office Address

328 BOX OAK

Suite, Apt. #, etc.

City & State

SAN ANTONIO, TX

Zip

78230

Country

USA

6. FEI Number

65-0290011

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HOLZHAUER, ADAM O.

3229 W. CHANNEL CIRCLE
JUPITER FL 33477

10. If changed, new Registered Agent/Office

Name

PATRICK CIOALESE

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

250 TEQUESTA DR.

Suite, Apt. #, etc.

SUITE 200

City

TEQUESTA

FL

Zip Code

33469

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

ROYALE HEALTHCARE, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3229 W. CHANNEL CIRCLE
328 BOX OAK

11b. City, State & Zip Code

JUPITER FL 33477

SAN ANTONIO, TX

11c. Registration/
Document Number

P32366

80002335158--0

-10/31/97-01067-003

****541.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 870, Florida Statutes.

SIGNATURE

DATE

10-3-97

Typed or Printed Name of General Partner Signing Form

ADAM O. HOLZHAUER

Daytime Telephone Number

(210) 408-1489

CR2E003 (6/97)