

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33504

(2)

1. Corporation Name

SIGMA HEALTH PROPERTIES, INC.

Principal Place of Business

2800 E. SOUTH BLVD
STE 250
MONTGOMERY AL 36116
US

Mailing Address

P O BOX 11148
MONTGOMERY AL 36111
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1984

3a. Date of Last Report

06/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

74-2357411

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

ALDAG, EDWARD K JR.
1675 RIGGINS ROAD
TALLAHASSEE FL 32308

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

S

NAME

BROWN, IRIS

STREET ADDRESS

2600 E SOUTH BLVD

CITY - ST - ZIP

MONTGOMERY AL

TITLE

D

NAME

MCPHERSON, MARGARET

STREET ADDRESS

2600 E SOUTH BLVD

CITY - ST - ZIP

MONTGOMERY AL

TITLE

PD

NAME

FITZPATRICK, TRANUM

STREET ADDRESS

2600 E SOUTH BLVD

CITY - ST - ZIP

MONTGOMERY AL

TITLE

S

NAME

WALTHALL, ROBERT

STREET ADDRESS

1400 PARK PLACE TOWER

CITY - ST - ZIP

BIRMINGHAM AL

TITLE

VSD

NAME

ALDAG, EDWARD K, JR

STREET ADDRESS

2600 E SOUTH BLVD

CITY - ST - ZIP

MONTGOMERY AL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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)(4), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tranum Fitzpatrick
President

4-19-95

334-281-6820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number