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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **H33504** **(2)**

1. Corporation Name
SIGMA HEALTH PROPERTIES, INC.

Principal Place of Business	Mailing Address
2800 E. SOUTH BLVD STE 350 MONTGOMERY AL 36116 US	P O BOX 11148 MONTGOMERY AL 36111 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1984

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 74-2357411 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, IRIS		1.2 NAME	
STREET ADDRESS	2800 E SOUTH BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCPHERSON, MARGARET		2.2 NAME	
STREET ADDRESS	2800 E SOUTH BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, TRANUM		3.2 NAME	
STREET ADDRESS	2800 E SOUTH BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTHALL, ROBERT		4.2 NAME	
STREET ADDRESS	1400 PARK PLACE TOWER		4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALDAG, EDWARD K, JR		5.2 NAME	
STREET ADDRESS	2800 E SOUTH BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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 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, Pres. 5-26-98 334-281-6820