

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26620

FILED
Feb 12, 2008
Secretary of State

Entity Name: RHA/FLORIDA OPERATIONS, INC.

Current Principal Place of Business:

3060 PEACHTREE ROAD, NW
ONE BUCKHEAD PLAZA, S-900
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

3060 PEACHTREE ROAD, NW
ONE BUCKHEAD PLAZA, S-900
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-1796700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COATS, BRYANT G
Address: 3060 PEACHTREE RD., NW, S-900
City-St-Zip: ATLANTA, GA 30305

Title: CD () Delete
Name: COATS, ROBERT B JR
Address: 330 DAWN BROOK DRIVE
City-St-Zip: FLAT ROCK, NC 28731

Title: CFOV () Delete
Name: WEST, JOHN R
Address: 3060 PEACHTREE ROAD, NW, S-900
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: WALKER, WILLIAM P
Address: 224 QUAIL LANE, LAKE MARTIN
City-St-Zip: DADEVILLE, AL 36853

Title: VPAS () Delete
Name: NORTHCUTT, CHASE
Address: 3060 PEACHTREE ROAD, NW SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: BRADEEN, CHET H
Address: 1170 BAWDEN CIRCLE
City-St-Zip: BROOKFIELD, WI 53045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. WEST

CFOV

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date