# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:23

DOCUMENT # N43301 (3)

1. Corporation Name
RHA/PRINCETON HOSPITAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CT CORPORATION SYSTEM<br>3060 PEACHTREE RD #1150<br>ATLANTA GA 30305<br>US | C/O CT CORPORATION SYSTEM<br>3060 PEACHTREE RD #1150<br>ATLANTA GA 30305<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 02/18/1994
4. FEI Number: 58-1952646 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | COATS, BRYANT G. | 12 NAME | |
| STREET ADDRESS | 3060 PEACHTREE NW # 1150 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☒ Change ☐ Addition |
| NAME | OAKES, HOWARD | 22 NAME | |
| STREET ADDRESS | 5901 B PEACHTREE DUNWOODY RD #500 | 23 STREET ADDRESS | 1932 N. Druid Hills |
| CITY-ST-ZIP | ATLANTA GA | 24 CITY-ST-ZIP | ATLANTA, GA |
| TITLE | D | 31 TITLE | ☒ Change ☐ Addition |
| NAME | COATS, ROBERT B. | 32 NAME | |
| STREET ADDRESS | 4318 DOWNTOWNER LOOP N #T | 33 STREET ADDRESS | 311 Dawnbrook Dr |
| CITY-ST-ZIP | MOBILE AL | 34 CITY-ST-ZIP | Flat Rock NC |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | WALKER, WILLIAM P. | 42 NAME | |
| STREET ADDRESS | RT 3, BOX 206 NA | 43 STREET ADDRESS | |
| CITY-ST-ZIP | DADEVILLE AL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | BRADEEN, CHET | 52 NAME | |
| STREET ADDRESS | 3240 W HENDERSON RD | 53 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | NORTHCUTT, CHARLES | 62 NAME | |
| STREET ADDRESS | 305 NORTHEAST STREET | 63 STREET ADDRESS | |
| CITY-ST-ZIP | DOTHAN AL | 64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

**SIGNATURE:** _____ 1/16/95 404 364-2900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Bryant G. Coats

0073148