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FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N43301** (3)

1. Corporation Name

RHA/PRINCETON HOSPITAL, INC.



Principal Place of Business

Mailing Address

**C/O CT CORPORATION SYSTEM
3060 PEACHTREE RD #1150
ATLANTA GA 30305
US**

**C/O CT CORPORATION SYSTEM
3060 PEACHTREE RD #1150
ATLANTA GA 30305-2241
US**

3. Date Incorporated or Qualified
05/03/1991

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
COATS, BRYANT G.
STREET ADDRESS **3060 PEACHTREE NW # 1150**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **D**
OAKES, HOWARD
STREET ADDRESS **1932 N DRUID HILLS**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **D**
COATS, ROBERT B.
STREET ADDRESS **311 DAWN BROOK DR**
CITY-ST-ZIP **FLT ROCK NC**

TITLE ☐ DELETE

NAME **D**
WALKER, WILLIAM P.
STREET ADDRESS **RT 3, BOX 206 NA**
CITY-ST-ZIP **DADEVILLE AL**

TITLE ☐ DELETE

NAME **D**
BRADEEN, CHET
STREET ADDRESS **3240 W HENDERSON RD**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ DELETE

NAME **D**
NORTHCUTT, CHARLES
STREET ADDRESS **305 NORTHEAST STREET**
CITY-ST-ZIP **DOTHAN AL**

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 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 address.

CR2E037 (9/96)