

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 12:00 PM ON 09/30/98.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43301 (3)

1. Corporation Name

PRINCETON HOSPITAL, INC.

Principal Place of Business

1800 MERCY DRIVE
ORLANDO FL 32808
US

Mailing Address

1800 MERCY DRIVE
ORLANDO FL 32808
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/03/1991

4. FEI Number

58-1952646

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

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 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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

NAME WALKER, WILLIAM P.
STREET ADDRESS 224 QUAIL LANE, LAKE MARTIN
CITY-ST-ZIP DAVEVILLE AL 36853-9328

TITLE D ☒ DELETE

NAME BRADEEN, CHET H.
STREET ADDRESS 79 HIGH ST., ETON
CITY-ST-ZIP WINDSOR, BERKSHIRE SL46AF UK

TITLE D ☒ DELETE

NAME NORTHCUTT, CHARLES W., III
STREET ADDRESS 600 MONUMENT STREET
CITY-ST-ZIP DOTHAN AL 36303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Joe Collins
1.3 STREET ADDRESS 404 Broad St. West
1.4 CITY-ST-ZIP Elizabethton, TN, 37643/3

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Ben Olson
2.3 STREET ADDRESS 4533 Mallard Tr. Trs. S.
2.4 CITY-ST-ZIP Eagan, MN, 55122-1222

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Harlan Mathews
3.3 STREET ADDRESS 571 Union St. Suite 2400
3.4 CITY-ST-ZIP Nashville, TN, 37219-2219

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Kenneth W. Lukhard
4.3 STREET ADDRESS 1800 Mercy Dr.
4.4 CITY-ST-ZIP Orlando, FL 32818

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 300002668143-4
5.3 STREET ADDRESS -10/20/98--01059--001
5.4 CITY-ST-ZIP *****61.25 *****61.25

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-98 B- C

FILED

98 OCT 16 PM 4:23

SECRETARY OF STATE
FLORIDA



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