

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000031318

**FILED**  
**Jun 07, 2011**  
**Secretary of State**

**Entity Name:** REGIONAL HEALTH SYSTEMS INC

**Current Principal Place of Business:**

312 SPACE PARK NORTH  
GOODLETTSVILLE, TN 37072

**New Principal Place of Business:**

**Current Mailing Address:**

312 SPACE PARK NORTH  
GOODLETTSVILLE, TN 37072

**New Mailing Address:**

**FEI Number:** 30-0054813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** PT  
**Name:** MOODY, KAREN L  
**Address:** 20101 NE 16TH PLACE  
**City-St-Zip:** MIAMI, FL 33179

**Title:** VPS  
**Name:** CORREA, MICHAEL A  
**Address:** 20101 NE 16TH PLACE  
**City-St-Zip:** MIAMI, FL 33179

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KAREN L. MOODY

PT

06/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date