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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94155** **(1)**

1. Corporation Name
CHARTER BEHAVIORAL HEALTH SYSTEM OF JACKSONVILLE , INC.

Principal Place of Business	Mailing Address
3947 SALISBURY RD JACKSONVILLE FL 32216 US	577 MULBERRY ST PO BOX 209 MACON GA 31298

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/11/1982**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **58-1483015** ☐ 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

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	COBERN, JOSEPH M.	1.2 NAME	Cobern, Joseph M
STREET ADDRESS	577 MULBERRY STREET	1.3 STREET ADDRESS	3414 Peachtree Rd, NE, Suite 1400
CITY-ST-ZIP	MACON GA	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCRAE, GLENN A	2.2 NAME	
STREET ADDRESS	577 MULBERRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	2.4 CITY-ST-ZIP	
TITLE	CV	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, JOHN C	3.2 NAME	
STREET ADDRESS	577 MULBERRY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	P ☐ Change ☒ Addition
NAME	MCQUEEN, ELBERT T	4.2 NAME	OShaughnessy Jon C.
STREET ADDRESS	577 MULBERRY ST	4.3 STREET ADDRESS	3414 Peachtree Rd, NE, Suite 1400
CITY-ST-ZIP	MACON, GA 00000	4.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	FILUSH, JAMES M	5.2 NAME	
STREET ADDRESS	577 MULBERRY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	Sanford, Charlotte A
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	3414 Peachtree Rd, N.E, Suite 1400
CITY-ST-ZIP	MACON GA	6.4 CITY-ST-ZIP	Atlanta, GA 30326

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

SIGNATURE: James M. Filush 1-16-95 (912).742.1161
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #

0003480 CP