

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # H75699 (9)

1. Corporation Name

CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC



Principal Place of Business

Mailing Address

4480 51 ST WEST
BRADENTON FL 34210

577 MULBERRY STREET
PO BOX 209
MACON GA 31298

3. Date Incorporated or Qualified 09/12/1985	3a. Date of Last Report 02/07/1995
4. FEI Number 58-1640244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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 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

Signature, typed or printed name of registered agent and date acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COBERN, JOSEPH M	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCRAE, GLENN A	2.2 NAME	
STREET ADDRESS	577 MULBERRY ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P OSHAUGHNESSY, JONC	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	3.3 STREET ADDRESS	P Jim Johnson 3414 Peachtree Rd NE, Suite 1400 Atlanta, GA 30326
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SANFORD, CHARLOTTE A	4.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV MCCAULEY, JOHN C.	5.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FILUSH, JAMES M	6.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

912-742-1161

Date

Daytime Phone #

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT

FOR

CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC.

ADDITIONAL OFFICERS:

Sr. Executive VP
Ray Heckerman
4480 51st Street West
Bradenton, FL 34210

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Cherie M. Fuzzell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

VP- Risk Management
John C. McCauley
577 Mulberry Street
Macon, GA 31298

Assistant Secretary
Kirk D. McConnell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

Executive VP
Dennis Jones
12895 Seminole Blvd
Largo, FL 34648