

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H75699 (9)
 1. Corporation Name
CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC



Principal Place of Business 4480 51 ST WEST BRADENTON FL 34210	Mailing Address 577 MULBERRY STREET PO BOX 209 MACON GA 31202-0209
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1985	3a. Date of Last Report 02/02/1996
21	26	4. FEI Number 58-1640244	Applied For Not Applicable
22 State, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	D <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCRAE, GLENN A	2.2 NAME	VP
STREET ADDRESS	577 MULBERRY ST.	2.3 STREET ADDRESS	EVERETT, Kim
CITY-ST-ZIP	MACON GA	2.4 CITY-ST-ZIP	3414 Peachtree Rd NE, Suite 1400
TITLE	P <input type="checkbox"/> DELETE <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JIM	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	4.2 NAME	T/D
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAULEY, JOHN C.	5.2 NAME	D
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS	Little, Joseph C.
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP	3414 Peachtree Rd NE, Suite 1400
TITLE	S <input type="checkbox"/> DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 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* **JAMES M. FILUSH** **Secretary** Date: **2/3/97** Daytime Phone #: **(912) 742-1161**

CR2E034 (9/96)