

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 31298
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1985	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1640244		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	COBERN, JOSEPH M 3414 PEACHTREE RD NE, SUITE 1400 ATLANTA GA	1.1 TITLE <input checked="" type="checkbox"/> DELETE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	J. Kevin Helms
STREET ADDRESS		1.3 STREET ADDRESS	3414 Peachtree Rd. NE, Suite 1400
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE VP	EVEVETT, KIM 3414 PEACHTREE RD., N.E., SUITE 1400 ATLANTA GA	2.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE P	JOHNSON, JIM 3414 PEACHTREE RD NE SUITE 1400 ATLANTA GA	3.1 TITLE <input checked="" type="checkbox"/> DELETE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Joel C. Ross
STREET ADDRESS		3.3 STREET ADDRESS	3414 Peachtree Rd. NE, Suite 1400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE TD	SANFORD, CHARLOTTE A 3414 PEACHTREE RD NE, SUITE 1400 ATLANTA GA	4.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	LITTLE, JOSEPH C. 3414 PEACHTREE RD. N.E., SUITE 1400 ATLANTA GA	5.1 TITLE <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE S	FILUSH, JAMES M 577 MULBERRY STREET MACON GA	6.1 TITLE <input checked="" type="checkbox"/> DELETE	VP + Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Margie M. Smith
STREET ADDRESS		6.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Macon GA 31298

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

SIGNATURE: *Margie M. Smith* **MARGIE M. SMITH** 1-8-98 (912) 742-1110

CR2E034 (10/97)