

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H75699

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/12/1985

4. FEI Number
58-1640244

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 6950 Columbia Gateway Dr

2a. Mailing Address
26 577 Mulberry St.

Suite, Apt. #, etc.
22

City & State
23 Columbia, MD

City & State
28 Macon, GA

Zip Country
24 21046 25

Zip Country
29 31202 30

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. KEVIN HELMINTOLLER	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVEVETT, KIM	2.2 NAME	P.D. D. Keith Brown
STREET ADDRESS	3414 PEACHTREE RD., N.E., SUITE 1400	2.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 31202
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL C. ROSS	3.2 NAME	VP Linton C. Newlin
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	3.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	ATLANTA GA 30326	3.4 CITY-ST-ZIP	Macon, GA 31202
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, JOSEPH C.	5.2 NAME	Sec Michelle H. Ancosky
STREET ADDRESS	3414 PEACHTREE RD. N.E., SUITE 1400	5.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VPAS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGIE M. SMITH	6.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31298	6.4 CITY-ST-ZIP	31202

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, with all other like empowered.

SIGNATURE: Margie M. Smith **MARGIE M. SMITH** 2/1/99 912-742-1161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)