

2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

0014273

DOCUMENT # H75699

1. Entity Name
CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC

Principal Place of Business: 6950 COLUMBIA GATEWAY DR, COLUMBIA MD 21046
Mailing Address: 577 MULBERRY STREET, MACON GA 31201-2728

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: *6950 Columbia Gateway Drive*
Suite, Apt. #, etc.: *Suite 400*

City & State: *Columbia MD 21046*

Zip: Country: Zip: Country: *Howard*

FILED

00 SEP 13 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **58-1640244** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: J. KEVIN HELMINTOLLER STREET ADDRESS: 3414 PEACHTREE RD NE, STE 1400 CITY-ST-ZIP: ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BROWN, D. KEITH STREET ADDRESS: 3414 PEACHTREE RD NE, STE 1400 CITY-ST-ZIP: ATLANTA GA 31202	<input checked="" type="checkbox"/> Delete	TITLE: <i>PID</i> NAME: <i>Clarissa C. Marques</i> STREET ADDRESS: <i>6950 Columbia Gateway Drive, Suite 400</i> CITY-ST-ZIP: <i>Columbia, MD 21046</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: NEWLIN, LINTON C STREET ADDRESS: 577 MULBERRY ST CITY-ST-ZIP: MACON GA 31202	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SANFORD, CHARLOTTE A STREET ADDRESS: 3414 PEACHTREE RD NE, STE 1400 CITY-ST-ZIP: ATLANTA GA 30326	<input type="checkbox"/> Delete	TITLE: <i>TID</i> NAME: <i>Charlotte A. Sanford</i> STREET ADDRESS: <i>4666 Powers Ferry Road, Suite 100</i> CITY-ST-ZIP: <i>Atlanta GA 30339</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ANCOSKY, MICHELLE H STREET ADDRESS: 3414 PEACHTREE RD NE, STE 1400 CITY-ST-ZIP: ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete	TITLE: <i>DIVIS</i> NAME: <i>Mark S. Demilio</i> STREET ADDRESS: <i>6950 Columbia Gateway Drive, Suite 100</i> CITY-ST-ZIP: <i>Columbia MD 21046</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPAS NAME: MARGIE M. SMITH STREET ADDRESS: 577 MULBERRY STREET CITY-ST-ZIP: MACON GA 31202	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark S. Demilio* **REQUIRED** Date: *9/8/00* Daytime Phone #: *410-953-4702*

MARK S. DEMILIO VP & SECRETARY

0014273

SP



ACCOUNT NO. : 072100000032
REFERENCE : 827597 5028257
AUTHORIZATION :
COST LIMIT : \$ 550.00

Patricia P. [Signature]

ORDER DATE : September 12, 2000
ORDER TIME : 9:55 AM
ORDER NO. : 827597-045
CUSTOMER NO: 5028257
CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

Janna Wilson EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA