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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:39

DOCUMENT # **P25223** (9)

1. Corporation Name
CHARTER HOSPITAL OF ST. LOUIS, INC.

Principal Place of Business Mailing Address
206 PARK PLACE BLVD **577 MULBERRY ST.**
KISSIMMEE FL 32741 **MACON GA 31290**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1989** 3a. Date of Last Report **03/09/1994**

4. FEI Number **58-1583760** Applied For NOT APPLICABLE

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME **DRINKARD, LAWRENCE W.**
STREET ADDRESS **577 MULBERRY ST.**
CITY - ST - ZIP **MACON GA**

TITLE V
NAME **MCCAULEY, JOHN C.**
STREET ADDRESS **577 MULBERRY ST.**
CITY - ST - ZIP **MACON GA**

TITLE SD
NAME **FILUSH, JAMES M**
STREET ADDRESS **577 MULBERRY ST.**
CITY - ST - ZIP **MACON GA**

TITLE D
NAME **COBERN, JOSEPH M.**
STREET ADDRESS **577 MULBERRY STREET**
CITY - ST - ZIP **MACON GA**

TITLE D
NAME **MCRAE, GLENN A**
STREET ADDRESS **577 MULBERRY ST.**
CITY - ST - ZIP **MACON GA**

TITLE T
NAME **SANFORD, CHARLOTTE A**
STREET ADDRESS **577 MULBERRY ST**
CITY - ST - ZIP **MACON GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **DRINKARD, LAWRENCE W.**
1.3 STREET ADDRESS **3414 Peachtree Rd NE, Suite 1400**
1.4 CITY - ST - ZIP **Atlanta, GA 30326**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME **Filush, James, m**
3.3 STREET ADDRESS **577 Mulberry Street**
3.4 CITY - ST - ZIP **MACON, GA 31290**

4.1 TITLE Change Addition
4.2 NAME **COBERN JOSEPH M**
4.3 STREET ADDRESS **3414 Peachtree Rd NE, Suite 1400**
4.4 CITY - ST - ZIP **Atlanta, GA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME **Sanford, Charlotte A**
6.3 STREET ADDRESS **3414 Peachtree Rd NE, Suite 1400**
6.4 CITY - ST - ZIP **Atlanta, GA**

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 110.07(3)(a), Florida Statutes. I further certify that the information furnished 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, changed, or in an attachment with an address.

SIGNATURE: **James M. Filush** 2-7-95 912-742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone #)

ATTACHMENT TO:

**1995 CORPORATION ANNUAL REPORT
FOR
CHARTER HOSPITAL OF ST. LOUIS, INC.**

OFFICERS:

Sr. Executive Vice President
Jon C. O'Shaughnessy
3414 Peachtree Road, N. W., Suite 1400
Atlanta, GA 30326

Sr. Executive Vice President
Elbert T. McQueen
3414 Peachtree Road, N. W., Suite 1400
Atlanta, GA 30326

Sr. Executive Vice President
James Duff
3130 S. W. 27th Avenue
Ocala, FL 32674

Executive Vice President
Louis R. Joseph
2700 East Phillips Road
Greer, SC 29651

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Road, N. E., Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Road, N. W., Suite 1400
Atlanta, GA 30326

Assistant Secretary
David J. Hansen
3414 Peachtree Road, N. W., Suite 1400
Atlanta, GA 30326

Executive Vice President
Steven M. Glazier
206 Park Place Drive
Kissimmee, FL 34741