

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25223 (9)**
1. Corporation Name
CHARTER HOSPITAL OF ST. LOUIS, INC.



Principal Place of Business: **206 PARK PLACE BLVD, KISSIMMEE FL 32741, US**
Mailing Address: **577 MULBERRY ST., MACON GA 31298**

3. Date Incorporated or Qualified: **07/18/1989**
3a. Date of Last Report: **02/14/1995**
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 (21-24)
2a. Mailing Address (25-28)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Suite, Apt. #, etc.
30. City & State
31. Zip
32. Country

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DRINKARD, LAWRENCE W.	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAULEY, JOHN C.	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FILUSH, JAMES M	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBERN, JOSEPH M.	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	M CRAE, GLENN A	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JON C O'SHEAUGHNESSY	
1.3 STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	
1.4 CITY-ST-ZIP	ATLANTA, GA 30326	
2.1 TITLE	VP + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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: _____ DATE: **1-19-96** TELEPHONE: **912-742-1161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT

FOR

CHARTER HOSPITAL OF ST. LOUIS, INC..

ADDITIONAL OFFICERS:

Sr. Executive VP
Louis R. Joseph
2700 E Phillips Road
Greer, SC 29650

Executive Vice President
Michael Harrington
12895 Semiole Blvd
Largo, FL 34648

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Rd, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Rd, NE
Suite 1400

Assistant Secretary
Cherie Fuzzell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326