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**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 31201-2728**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1989	3a. Date of Last Report 02/02/1996
21	Suite, Apt. #, etc.		26	4. FEI Number 58-1583760	
22	City & State		27	Applied For Not Applicable	
23	Zip	Country	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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 _____
Signature of registered agent, if not the registered agent, is not applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SHEUGHNESSY, JON C	1.2 NAME	P JOHNSON, JIM R.
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	1.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAULEY, JOHN C.	2.2 NAME	V
STREET ADDRESS	577 MULBERRY ST.	2.3 STREET ADDRESS	Everett, Kim
CITY-ST-ZIP	MACON GA	2.4 CITY-ST-ZIP	3414 Peachtree Rd., NE Suite 1400
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUSH, JAMES M	3.2 NAME	
STREET ADDRESS	577 MULBERRY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBERN, JOSEPH M.	4.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCRAE, GLENN A	5.2 NAME	D
STREET ADDRESS	577 MULBERRY ST.	5.3 STREET ADDRESS	LITTLE, JOSEPH C.
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP	3414 Peachtree Rd., NE Suite 1400
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	DIT
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	6.3 STREET ADDRESS	SANFORD, CHARLOTTE
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	3414 Peachtree Rd., NE Suite 1400

14. I do 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: _____ DATE: **1-9-97** (912) 742-1161
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES M. FILUSH - Secretary**

CRE034 (9/96)