

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

FILED

**Jan 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 208 PARK PLACE BLVD KISSIMMEE FL 32741 US	Mailing Address 577 MULBERRY ST. MACON GA 31298
---	---



DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/18/1989	
4. FEI Number 58-1583760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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	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 _____ Signature, typed or printed name of registered agent and title if applicable: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JIM R	1.2 NAME	Joel C. Ross
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	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, KIM	2.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP + Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILUSH, JAMES M	3.2 NAME	Margie M. Smith
STREET ADDRESS	577 MULBERRY ST.	3.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP	Macon, GA 31298
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBERN, JOSEPH M.	4.2 NAME	J. Kevin Helmlintoller
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	4.3 STREET ADDRESS	3414 Peachtree Rd., NE, Suite 1400
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Atlanta GA 30326
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, JOSEPH C	5.2 NAME	Joel C. Ross
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	5.3 STREET ADDRESS	3414 Peachtree Rd., NE, Suite 1400
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)