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Mar 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25223

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6950 Columbia Gateway Dr Suite, Apt. #, etc.	2a. Mailing Address 26 577 Mulberry St. Suite, Apt. #, etc.
22 City & State Columbia, MD	27 City & State Macon, GA
23 Zip 21046	29 Zip 31202

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 the current year Intangible Personal Property Tax. <input 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, KIM	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31298	
TITLE	D	<input type="checkbox"/> DELETE
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DT	<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr Keith Brown	
1.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400	
1.4 CITY-ST-ZIP	Atlanta, GA 30326	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linton C. Newlin	
2.3 STREET ADDRESS	577 Mulberry St.	
2.4 CITY-ST-ZIP	Macon, GA 31202	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	31202	
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	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michelle H. Ancosky	
5.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400	
5.4 CITY-ST-ZIP	Atlanta, GA 30326	
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 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, with all other like empowered.

SIGNATURE: Margie M. Smith MARGIE M. SMITH 2/11/99 912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)