

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90043 021 ***150.00

MS702176 AT

DOCUMENT # P25223

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

| | |
|---|--|
| Principal Place of Business 6950 COLUMBIA GATEWAY DR COLUMBIA MD 21046 US | Mailing Address 6950 COLUMBIA GATEWAY DRIVE.. STE 400 COLUMBIA MD 21046 |
|---|--|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **58-1583760** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MARQUES, CLARISSA C | |
| STREET ADDRESS | 6950 COLUMBIA GATEWAY DR., #400 | |
| CITY-ST-ZIP | COLUMBIA MD 21046 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | NEWLIN, LINTON C | |
| STREET ADDRESS | 125 PLANTATION CENTER DR | |
| CITY-ST-ZIP | MACON GA 31221 | |
| TITLE | VPAS | <input type="checkbox"/> Delete |
| NAME | SMITH, MARGIE M | |
| STREET ADDRESS | 125 PLANTATION CENTER DR | |
| CITY-ST-ZIP | MACON GA 31221 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | DEMILIO, MARK S | |
| STREET ADDRESS | 6950 COLUMBIA GATEWAY DR., #400 | |
| CITY-ST-ZIP | COLUMBIA MD 21046 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SANFORD, CHARLOTTE A | |
| STREET ADDRESS | 666 POWERS FERRY ROAD | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mark S. Demilio | |
| STREET ADDRESS | 6950 Columbia Gateway Dr. | |
| CITY-ST-ZIP | Columbia, MD 21046 | |
| TITLE | VP/Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Megan M. Arthur | |
| STREET ADDRESS | 6950 Columbia Gateway Drive | |
| CITY-ST-ZIP | Columbia, MD 21046 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 210-953-1000
 Date Daytime Phone #

CR2E034 (9/01)