

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 032 \*\*\*150.00

**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

14010000



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 58-1583760 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEMILIO, MARK S
STREET ADDRESS	6950 COLUMBIA GATEWAY DR.
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	V
NAME	NEWLIN, LINTON C
STREET ADDRESS	125 PLANTATION CENTER DR
CITY-ST-ZIP	MACON, GA 31221
TITLE	VPAS
NAME	SMITH, MARGIE M
STREET ADDRESS	125 PLANTATION CENTER DR
CITY-ST-ZIP	MACON, GA 31221
TITLE	VS
NAME	ARTHUR, MEGAN M
STREET ADDRESS	6950 COLUMBIA GATEWAY DRIVE
CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Megan M. Arthur 4/27/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #