

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25223

FILED
Apr 25, 2005
Secretary of State

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

Current Principal Place of Business:

6950 COLUMBIA GATEWAY DR
COLUMBIA, MD 21046 US

New Principal Place of Business:

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE., STE 400
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 58-1583760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMILIO, MARK S
Address: 6950 COLUMBIA GATEWAY DR.
City-St-Zip: COLUMBIA, MD 21046 US

Title: V () Delete
Name: NEWLIN, LINTON C
Address: 125 PLANTATION CENTER DR
City-St-Zip: MACON, GA 31221

Title: VPAS () Delete
Name: SMITH, MARGIE M
Address: 125 PLANTATION CENTER DR
City-St-Zip: MACON, GA 31221

Title: VS () Delete
Name: ARTHUR, MEGAN M
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: DEMILIO, MARK S
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: MCQUILLEN, MICHAEL P
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: D () Change (X) Addition
Name: SHAPIRO, IRENE
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. DEMILIO

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04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date