

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 1. Name of Limited Partnership<br><b>Charter Behavioral Health<br/>System at Pivellas Treatment Center, LP</b> |  | 1a. DOCUMENT #<br><b>BA7000000429</b>                                                                       |  |
| Mailing Address<br><b>3414 Peachtree Rd NE<br/>Suite 1400<br/>Atlanta, GA 30326</b>                            |  | Principal Office Address<br><b>3414 Peachtree Rd NE<br/>Suite 1400<br/>Atlanta, GA 30326</b>                |  |
| 2. Mailing Address                                                                                             |  | 2a. Principal Office Address                                                                                |  |
| Suite, Apt. #, etc.                                                                                            |  | Suite, Apt. #, etc.                                                                                         |  |
| City & State                                                                                                   |  | City & State                                                                                                |  |
| Zip Country                                                                                                    |  | Zip Country                                                                                                 |  |
|                                                                                                                |  | 3. Date Formed or Registered<br><b>7/30/97</b>                                                              |  |
|                                                                                                                |  | 3a. Date of Last Report                                                                                     |  |
|                                                                                                                |  | 4. State or Country of Formation<br><b>DE</b>                                                               |  |
|                                                                                                                |  | 5a. Capital Contributions as Shown on record<br><b>\$990.00</b>                                             |  |
|                                                                                                                |  | 5b. Amount of Capital Contributions in FLORIDA to date                                                      |  |
|                                                                                                                |  | 6. FET Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
|                                                                                                                |  | 7. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                 |  |
|                                                                                                                |  | 8. Make check payable to: Dept. of State (See reverse side for fee information)                             |  |

|                                                                                                                                           |  |                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>Corporation Service Company<br/>1201 HAYS Street<br/>Tallahassee, FL 32301-2525</b> |  | 10. If changed, new Registered Agent/Office<br>Name:<br>Street Address (P.O. Box Number Is Not Acceptable):<br>Suite, Apt. #, etc.:<br>City: <b>FL</b> Zip Code: |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

|                                                                |                                                                                                         |                                                   |                                                                                                                                                   |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. Name(s) of General Partner(s)<br><b>CBHS Holdings, LLC</b> | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)<br><b>3414 Peachtree Road</b> | 11b. City, State & Zip Code<br><b>Atlanta, GA</b> | 11c. Registration Document Number<br><b>BA7000000306</b><br><b>800002401135-1</b><br><b>-01/15/98--01028--021</b><br><b>****156.25 ****156.25</b> |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

**JAMES M. FILUSH**

Daytime Telephone Number

**912-742-1161**

CP25003 (6/97)