

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB - 1 AM 10: 52

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000429

CHARTER BEHAVIORAL HEALTH SYSTEM AT PINELLAS
TREATMENT CENTER, LP

Mailing Address

Principal Office Address

577 MULBERRY STREET
MACON GA 31298

3414 PEACHTREE RD., NE. SUITE 1400
ATLANTA GA 30326

3. Date Formed or Registered

08/19/1997

5a. Capital Contributions as
Shown on record

\$990.00

3a. Date of Last Report

01/02/1998

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DE

6. FEI Number 59-3471986
APPLIED FOR

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

1125 Sanctuary Pkwy.

1125 Sanctuary Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Alpharetta, GA.

Alpharetta, Ga.

Zip

Zip

30004

30004

Country

Country

U.S.A.

U.S.A.

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

CBHS HOLDINGS, LLC

3414 PEACHTREE ROAD,

ATLANTA GA 30326

M97000000306

300002766973--5
-02/08/99--01016--007
****141.25 ****141.25

3-3-99

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

Joseph M. Coburn

DATE

12.3.98

Typed or Printed Name of General Partner Signing Form

Joseph M. Coburn of

Daytime Telephone Number

800-230-5582

CR2E003 (8/98)