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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:11

DOCUMENT # F94000006215 (7)

1. Corporation Name
SCHIZOPHRENIA TREATMENT AND REHABILITATION, INC.

Principal Place of Business	Mailing Address
PO BOX 209 MACON GA 31298	PO BOX 209 MACON GA 31298

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 58-1672912 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature not valid when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	☐ Change ☐ Addition
NAME	LITTRELL, KIMBERLY H	1.2 NAME	
STREET ADDRESS	209 CHURCH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30030	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCQUEEN, ELBERT T	2.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	CATALANO, MICHAEL	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD NE SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, JOHN C	4.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31298	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	FILUSH, JAMES M	5.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31298	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	6.4 CITY-ST-ZIP	

14. 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Filush 1-31-95 912-742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary

0003467 CP

ATTACHMENT TO:

1995 CORPORATION ANNUAL REPORT

FOR

SCHIZOPHRENIA TREATMENT AND REHABILITATION, INC.

ADDITIONAL OFFICERS:

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
David J. Hansen
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Howard A. McLure
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Director
Margie Smith
577 Mulberry Street
Macon, GA 31298

Director
James M. Filush
577 Mulberry Street
Macon, GA 31298

Director
Joseph M. Cobern
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326