

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1672912

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and office (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
LITRELL, KIMBERLY H
STREET ADDRESS
209 CHURCH STREET
CITY-ST-ZIP
DECATUR GA 30030

TITLE ☐ DELETE

NAME
MCQUEEN, ELBERT T
STREET ADDRESS
3414 PEACHTREE RD NE SUITE 1400
CITY-ST-ZIP
ATLANTA GA 30326

TITLE ☒ DELETE

NAME
CATALANO, MICHAEL
STREET ADDRESS
3414 PEACHTREE ROAD NE SUITE 1400
CITY-ST-ZIP
ATLANTA GA 30326

TITLE ☐ DELETE

NAME
MCCAULEY, JOHN C
STREET ADDRESS
577 MULBERRY STREET
CITY-ST-ZIP
MACON GA 31298

TITLE ☐ DELETE

NAME
FILUSH, JAMES M
STREET ADDRESS
577 MULBERRY STREET
CITY-ST-ZIP
MACON GA 31298

TITLE ☐ DELETE

NAME
SANFORD, CHARLOTTE A
STREET ADDRESS
3414 PEACHTREE RD NE SUITE 1400
CITY-ST-ZIP
ATLANTA GA 30326

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

912-742-1161

Date

Daytime Phone #

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT

FOR

SCHIZOPHRENIA TREATMENT AND REHABILITATION, INC.

ADDITIONAL OFFICERS:

**Assistant Secretary
James R. Bedenbaugh
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326**

**Assistant Secretary
Cherie M. Fuzzell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326**

**Director
James M. Filush
577 Mulberry Street
Macon, GA 30326**

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

**Director
Margie M. Smith
577 Mulberry Street
Macon, GA 31298**

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