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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # F94155 (1)

1. Corporation Name

CHARTER BEHAVIORAL HEALTH SYSTEM OF JACKSONVILLE, INC.

Principal Place of Business

**3947 SALISBURY RD
JACKSONVILLE FL 32216
US**

Mailing Address

**577 MULBERRY ST
PO BOX 209
MACON GA 31298**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

08/11/1982

3a. Date of Last Report

01/27/1995

4. FEI Number

58-1483015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **D COBERN, JOSEPH M**

STREET ADDRESS **3414 PEACHTREE RD NE SUITE 1400**

CITY-ST-ZIP **ATLANTA GA**

1.2 TITLE ☐ DELETE

NAME **D MCRAE, GLENN A**

STREET ADDRESS **577 MULBERRY ST**

CITY-ST-ZIP **MACON, GA 00000**

1.3 TITLE ☐ DELETE

NAME **DV MCCAULEY, JOHN C**

STREET ADDRESS **577 MULBERRY ST**

CITY-ST-ZIP **MACON, GA 00000**

1.4 TITLE ☐ DELETE

NAME **P O'SHAUGHNESSY, JON C**

STREET ADDRESS **3414 PEACHTREE RE NE SUITE 1400**

CITY-ST-ZIP **ATLANTA GA**

1.5 TITLE ☐ DELETE

NAME **S FILUSH, JAMES M**

STREET ADDRESS **577 MULBERRY ST**

CITY-ST-ZIP **MACON, GA 00000**

1.6 TITLE ☐ DELETE

NAME **T SANFORD, CHARLOTTE A**

STREET ADDRESS **3414 PEACHTREE RD NE SUITE 1400**

CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

Jim Johnson ☒ Change ☐ Addition
**3414 Peachtree Rd, NE, Suite 1400
Atlanta, GA 30326**

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)

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ADDITIONAL OFFICERS:

Sr. Executive VP
Ray Heckerman
4480 50th Street West
Bradenton, FL 34210

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

VP- Risk Management
John C. McCauley
577 Mulberry Street
Macon, GA 31298

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

Executive VP
Doug Joiner
3130 S SW 27 Avenue
Ocala, FL 32678

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ADDITIONAL OFFICERS:

Sr. Executive VP
James Duff
3130 S SW 27 Avenue
Ocala, FL 32678

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

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