

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/11/1982	
25		30		4. FEI Number 58-1483015	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBERN, JOSEPH M	1.2 NAME	J. Kevin Helms
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	1.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta GA 30326
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, JOSEPH C	2.2 NAME	Joel C. Ross
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	2.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta GA 30326
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, KIM	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP + Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JIM	4.2 NAME	Margie M. Smith
STREET ADDRESS	3414 PEACHTREE ROAD NE, SUITE 1400	4.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Macon GA 31298
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILUSH, JAMES M	5.2 NAME	Lawrence W. Drinkard
STREET ADDRESS	577 MULBERRY ST	5.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	MACON, GA 00000	5.4 CITY-ST-ZIP	Macon GA 31298
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Margie M. Smith* **MARGIE M. SMITH** 1-8-98 (912) 742-1161

CR2E034 (10/97)