

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

DOCUMENT # **F97000002810 (6)**

1. Corporation Name

CHARTER BEHAVIORAL HEALTH SYSTEMS, INC.



Principal Place of Business

Mailing Address

**577 MULBERRY
MACON GA 31208**

**577 MULBERRY
MACON GA 31208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

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

4. FEI Number

58-2213642

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COOP
DESTEFANIS, JOHN M
3414 PEACHTREE ROAD NE SUITE 1400
ATLANTA GA 30328**

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Sec., Director
Linton C. Newlin
577 Mulberry St.
Macon GA 31208**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HENSCHEN, GARY M MD
3414 PEACHTREE ROAD NE SUITE 1400
ATLANTA GA 30328**

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Treasurer
Charlotte A. Sanford
3414 Peachtree Rd NE Suite 1400
Atlanta GA 30326**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JOHNSON, JIM R
3414 PEACHTREE ROAD NE SUITE 1400
ATLANTA GA 30328**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**President
James R. Bedenbaugh
3414 Peachtree Rd NE Suite 1400
Atlanta GA 30326**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOVE, W S
3414 PEACHTREE ROAD NE SUITE 1400
ATLANTA GA 30328**

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**VP, Director
Howard A. McClure
3414 Peachtree Rd NE Suite 1400
Atlanta GA 30326**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WESTRICH, VERNON S
3414 PEACHTREE ROAD NE SUITE 1400
ATLANTA GA 30328**

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**VP + Asst. Sec., Director
James R. Bedenbaugh
3414 Peachtree Rd NE Suite 1400
Atlanta GA 30326**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CICHANSKI, JAMES B
3414 PEACHTREE ROAD NE SUITE 1400
ATLANTA GA 30328**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**Director
Cherie M. Fuzzell
3414 Peachtree Rd NE Suite 1400
Atlanta GA 30326**

☐ Change

☒ Addition

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 the attachment with an address.

SIGNATURE

Linton C. Newlin

1-8-98 912-742-1161

CR2E034 (10/97)