

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G42455 (7)		
1. Corporation Name Charter Springs Behavioral Health System, Inc		

Principal Place of Business 3130 S SW 27 AVE Ocala, FL 32678 U.S.	Mailing Address 577 Mulberry Street P.O. Box 209 Macon, GA 31298
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2. Principal Place of Business 21 3130 S SW 27 AVE State, Apt. #, etc. 22 FL City & State 23 Ocala FL Zip 24 32678	2a. Mailing Address 26 577 Mulberry Street Suite, Apt. #, etc. 27 P.O. Box 209 City & State 28 MAcon GA Zip 29 31298
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3. Date Incorporated or Qualified 6/7/83	3a. Date of Last Report 01/27/96
4. FEI Number 58-1517461	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	

9. Name and Address of Current Registered Agent The Prentice-Hall Corporation system, Inc. 1201 HAYS Street Tallahassee, FL 32301	
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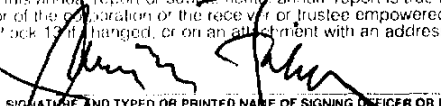
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Section 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME COBURN, JOSEPH M		12 NAME	
STREET ADDRESS 3414 Peachtree Rd NE, Suite 1400		13 STREET ADDRESS	
CITY-STATE-ZIP Atlanta, GA 30326		14 CITY-STATE-ZIP	
TITLE D	☒ DELETE	21 TITLE	☒ Change ☐ Addition
NAME McRAE, GLENN A		22 NAME	
STREET ADDRESS 577 Mulberry Street		23 STREET ADDRESS	
CITY-STATE-ZIP MAcon, GA 31298		24 CITY-STATE-ZIP	
TITLE DV	☒ DELETE	31 TITLE	☐ Change ☒ Addition
NAME McCauley, John C		32 NAME	
STREET ADDRESS 577 Mulberry Street		33 STREET ADDRESS	
CITY-STATE-ZIP MAcon, GA 31298		34 CITY-STATE-ZIP	
TITLE P	☒ DELETE	41 TITLE	☐ Change ☒ Addition
NAME O'Shaughnessy, Jon C		42 NAME	
STREET ADDRESS 3414 Peachtree Rd NE Suite 1400		43 STREET ADDRESS	
CITY-STATE-ZIP Atlanta, GA 30326		44 CITY-STATE-ZIP	
TITLE S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME JAMES M. FILUSH		52 NAME	
STREET ADDRESS 577 Mulberry Street		53 STREET ADDRESS	
CITY-STATE-ZIP MAcon, GA 31298		54 CITY-STATE-ZIP	
TITLE T	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME Sanford, Charlotte A		62 NAME	
STREET ADDRESS 3414 Peachtree Rd NE, Suite 1400		63 STREET ADDRESS	
CITY-STATE-ZIP Atlanta, GA 30326		64 CITY-STATE-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 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 or on an attachment with an address.

SIGNATURE: 	3/31/97 (912) 742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES M. FILUSH Secretary	Date Daytime Phone

CR2E034 (9/96)

1997 FLORIDA ANNUAL REPORT

FOR

CHARTER SPRINGS BEHAVIORAL HEALTH SYSTEMS:

ADDITIONAL OFFICERS:

**Sr. Exec. V.P.
Martin Schappell
3130 S.W. 27th Ave
Ocala, FL 32674**

**Exec. V.P.
James Duff
3130 S.W. 27th Ave.
Ocala, FL 32674**

**Vice President
Larry Drinkard
577 Mulberry Street
Macon, GA 31298**

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

**Assistant Secretary
Kirk McConnell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326**

**Assistant Secretary
Cherie Fuzzell
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326**

**Assistant Secretary
Michelle M. Ancosky
3414 Peachtree Rd NE
Suite 1400
Atlanta, GA 30326**